P08000008782

(Requestor's Name)				
(Address)				
. (Ad	dress)			
(Cit	ty/State/Zip/Phone	• #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				





600287349316

06/28/16--01024--029 **70.00

16 JUN 28 FY 8: FO

JUL 05 2016 C MCNAIR

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	HD MANAGEME	ENT & SOLUTION	ONS, INC.	
DOCUMENT NUMBER:	P08000008782	······································		
The enclosed Articles of Amenda	ment and fee are su	bmitted for filing	g.	
Please return all correspondence	concerning this ma	tter to the follow	ring:	
HEBREU	DESSALINES			
***************************************	•••••	Name of Cor	ntact Person	
HD MAN	AGEMENT & SO	LUTIONS, INC.		
	The same same same same same same same sam	Firm/ Co	rnpany	
4519 LAF	KE WORTH RD			
	Address			
GREENA	CRES, FL 33463			•
		City/ State ar	រៅ Zip Code	
HDMSOLUTIO	NS@YAHOO.CO	M		
E-ma	il address: (to be us	sed for future an	nual report n	otification)
For further information concerni	ng this matter, pleas	se call:		
HEBREU DESSALINES		at (786	319-2474
Name of Contact	Person		Area Cod	e & Daytime Telephone Number
Enclosed is a check for the follow	wing amount made	payable to the Fl	orida Depar	tment of State:
\$35 Filing Fee C\$4.	3.75 Filing Fee & rtificate of Status	Certified Co (Additional enclosed)	ору	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Addr Amendment So Division of Co P.O. Box 6327 Tallahassee, Fl	ection rporations	·	Division Clifton I 2661 Ex	nent Section of Corporations

Articles of Amendment Articles of Incorporation of

HD MANAGEMENT & SOLUTIONS, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P08000008782

(Document Number of Corporation (if known)

ent(s) to

Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporatio	n adopts the following amendme
A. If amending name, enter the new name of the corporation:		
N/A		The new
name must be distinguishable and contain the word "corporat" "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc, " or word "chartered," "professional association," or the abbreviation	"Co". A professional corp	orporated" or the abbreviation
B. Enter new principal office address, if applicable:	4519 LAKE WORTH	RD
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	GREENACRES, FL 3	3463
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address N/A		name of the
Name of New Registered Agent		
(Florida :	street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familia Signature of New		

Page 1 of 4

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: XChange	<u>PT</u>	John Doe		
X Remove X Add	<u>V</u> . <u>SV</u>	Mike Jones Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Δ	ddress
1) Change Add				
Remove			_	
2) Change Add				
Remove		•		
Add				
Remove				
4) Change				
Remove				
5) Change				
Remove				
6) Change Add		<u> </u>		
Remove				***************************************

E. If amending or adding additional Articles, enter change(s) here: (Attach àdditional sheets, if necessary). (Be specific)
N/A
· · · · · · · · · · · · · · · · · · ·
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
N/A

	06/21/2016	
The date of each amendment(s date this document was signed.) adoption:	, if other than the
Trine at the state	06/21/2016	
Effective date if applicable:	(no more than 90 days after an	nendment file date)
Note: If the date inserted in the document's effective date on the		filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of vote sufficient for approval.	es cast for the amendment(s)
	approved by the shareholders through voting gro for each voting group entitled to vote separately	
"The number of votes of	ast for the amendment(s) was/were sufficient for	approval
by	(voting group)	
,	(voting group)	
action was not required.	adopted by the board of directors without shareh	
action was not required.	adopted by the incorporators without shareholde	r action and shareholder
06 Dated	/21/2016	
Signature		
	a director, president or other officer - if director	s or officers have not been
	cted, by an incorporator – if in the hands of a rec	eiver, trustee, or other court
ap;	ointed fiduciary by that fiduciary)	
	HEBREU DESSALINES	
	(Typed or printed name of person	signing)
	PRESIDENT	
	(Title of person signi	ng)

Page 4 of 4