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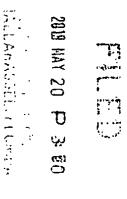
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies · Certificates of Status	_
Special Instructions to Filing Officer:	





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COVER LETTER

		<i>:</i>		
TO:	Registration Se Division of Cor			•
SUBJE		& Asociados, LLC		
		Name of Lin	nted Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	undence concerning this matter	to the following:	
		Hector Cabrera		
			Name of Person	
		H Cabrera & Asociados, L	LC	
			Firm/Company	
		3477 NW 44th St Apt 106		
			Address	
		Oakland Park, FL 33309		
		Candaexpense@gmail.com	City/State and Zip Code	
			to be used for future annual report notif	ication)
For furt	her information e	oncerning this matter, please ca	·	
Gisela			561 8144558 at ()	
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclose	d is a check for #	ne following amount:		
\$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

H Cabrera & Asociados, LLC

(Name of the Limited Liability Company as it now appears on Wifferings.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited	Liability Company were file	ed on April 30, 2019 State Stand assigned
Florida document number L19000116744	·	
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability com	npany here:
The new name must be distinguishable and contain the	words "Limited Liability Compa	iny," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
	 -	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	EBOX)	
	-	
B. If amending the registered agent and registered agent and/or the new registered of	d/or registered office add office address here:	dress on our records, enter the name of the new
Name of New Registered Agent:	Gisela Ramos	
New Registered Office Address:	6127 Bartram Village Dr	
		Enter Florida street address
	Jacksonville	, Florida 32258
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Antonio Coa	3477 NW 44th St Apt 106	
		Oakland Park, FL 33309	
			■ Remove
			☐ Change
MGR	Yazceminne Perdomo	3477 NW 44th St Apt 106	⊟ Add
		Oakland Park, FL 33309	- Add
			Remove
			Change
			□ Remove
			Change
			
			Remove
		<u>_</u>	☐ Change
			Add
			□ Remove
			□ Change
 -			D Add
			□ Remove
			Change

-	
T 60 4	
NOTE:	ive date, if other than the date of filing:
he red The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	May 13
	7 10 10 10 10 10 10 10 10 10 10 10 10 10
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00