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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONTADORMIAMI.COM INC

Account Number : 120200000130 Phone : (954)345-7888 Fax Number : (786)713-1940

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email	Address:	 	<u> </u>	 

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HERMES HOUSE LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HERMES HOUS	E LLC			
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000256081</u> .	were filed on 06/02/2021	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:	TALL		
The new name must be distinguishable and contain the words "Limited Liabil	hty Company," the designation "LLC" or			
Enter new principal offices address, if applicable:	6940 NOVA DRIVE APT 204	ASS TO		
(Principal office address MUST BE A STREET ADDRESS)	DAVIE, FL 33317	75 <b>5</b>		
Enter new mailing address, if applicable:	6940 NOVA DRIVE APT 204	8		
(Mailing address MAY BE A POST OFFICE BOX)	DAVIE, FL 33317			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>enter the</u>	name of the new registered		
New Registered Office Address:	Enter Florada street address			
	, Florid	la		

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

Thereby 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

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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>	Name	Address	Type of Action
AMBR	MAYA CARVAJAL, PAULA A	6940 NOVA DRIVE APT 204	
		DAVIE, FL 33317	
MBR	MAYA CARVAJAL, CLAUDIA E	6940 NOVA DRIVE APT 204	
		DAVIE, FL 33317	□Remove
			■Change
MBR	PEREZ SERRA, OSCAR	6940 NOVA DRIVE APT 204	UAdd
		DAVIE, FL 33317	□Remove
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			🗀 Add
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cord s s filed	specifies a delayed effective date, f.	but not an effective	time, at 12:01 a.r	n, on the earlier o	f: (h) - The 90th da	y after th
ed	SEPTEMBER 28 TH	2022	·			
	<u> </u>	L. Donado				
		(५५) है, शहर पर ५६ छ। ure of a member or au	thorized represental	ive of a member	<u> </u>	
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