L21000425875

(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 F	iling Officer:		
	105,443		
	475 - 7724		

Office Use Only



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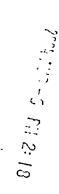
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10 Registration Division of C			
	NVERSIONES LLC	•	, <i>•</i>
SUBJECT:	Name of I m	nted I lability Company	
The enclosed Articles	of Amendment and fee(s) are sub	imitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	JHON GUALDRON		
		Name of Person	
	H & H INVERSIONES LI	.C	
		Firm/Company	
	164S HAVERHILL RD		
		Address	
	WEST PALM BEACH, F	1, 33415	
	USTUEMPRESA@GMAII	City/State and Zip Code	
		to be used for future annual report notification)	
For further informatio	n concerning this matter, please c	all:	
JHON GUALDRON		305 5606166 at ()	
Nam	e of Person	at () Area Code Daytime Telephone	Number
Enclosed is a check for	r the following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy C (additional copy is enclosed) C	60.00 Filing Fee, ertificate of Status & ertified Copy additional copy is enclosed)
P.O. Box 6	n Section *Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahasse 2415 N. Monroe Street. S Tallahassee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H & H INVERSIONES LLC (Name of the Limited Liability Comp. (A Florida Funited)	any as it now appears on our records. Liability Company))
The Articles of Organization for this Limited Liability Company forida document number 1.21000425875	were filed on	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
NA		
he new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC"	or the abbreviation? L.L.C."
	ility Company," the designation "LLC" NA	or the abbreviation 1.L.C."
Inter new principal offices address, if applicable:		2
Inter new principal offices address, if applicable:	NA	· · ·
The new name must be distinguishable and contain the words "Limited Liabi Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)	NA NA	2
Inter new principal offices address, if applicable: <u>Principal office address MUST BE A STREET ADDRESS)</u>	NA NA	2
Enter new principal offices address, if applicable:	NA NA	1 5 7

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered agent and/or the new registered office address here:</u>

Name of New Registered Agent:	LEONARDO CONTRERAS	
New Registered Office Address:	164S HAVERHILL RD	
	Enter Flor	ida strect address
	WEST PALM BEACH	, Florida ³³⁴¹⁵
	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.

Leonardo Contreras
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>	Address	Type of Action
MGR	JHON GUALDRON	164S HAVERHILL RD	
		WEST PALM BEACH	■Remove
			□Change
MGR	LEONARDO CONTRERAS	164S HAVERHILL RD	= Add
		WEST PALM BEACH, FL 33415	□Remove
			□Change
NA NA	NA	NA	□Add
			□Remove
		Change	
NA ———	NA	NA	□Add
			□Remove
			□Change
NA	NA	NA	□ Add
			□Remove
			□Change
NA	NA	NA	□Add
			□Remove
			□Change

. If amending any other informa NA			
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	NA NA		
Effective date, if other than the	date of filing:	1. 201	(optional)
(If an effective date is fisted, the date must Note: If the date inserted in this bl	ock does not meet the applicat	o date of filing or more than 90 da ble statutory filing requiremen	iys after filing.) Pursuant to 605.0207 (. nts. this date will not be listed as th
document's effective date on the D			
ne record specifies a delayed effectiv	e date, but not an effective tin	ne, at 12:01 a.m. on the earlie	r of: (b) The 90th day after the
ord is filed.			
HH 3/ 37	2024		
Dated JULY 27	2024	_ '	
	Signature of a member or author	aldron	
	Signature of a member or mithor	ized representative of a member	
JHON GUALDRON			
		I name of signee	