Division of Corporations Electronic Filing Cover Sheet

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(((H220003187573)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPANY COMBO, LLC

Account Number : I20160000033 : (866)428-2030 Fax Number : (407)308-0481

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

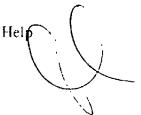
Rmail	Address:				Ę,
			 	 	<b>→</b> ·

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **HUIOS COMPANY, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu



From: Diego Sampaio

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HUIOS COMPANY, LLC  (Name of the Limited Liability Company) (A Florida Limited	any as it now appears on our records.) Liability Company)	<del></del>			
The Articles of Organization for this Limited Liability Compan Florida document number L22000098701	y were filed on 24/02/2022	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lia	bility company here:				
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the	abbreviation "LDC."			
Enter new principal offices address, if applicable:	13352 SW 287 TER	022 :			
(Principal office address MUST BE A STREET ADDRESS)	HOMESTEAD, FLORIDA, 33033	SEP II			
		Sc P M			
Enter new mailing address, if applicable:	13352 SW 287 TER				
(Mailing address MAY BE A POST OFFICE BOX)	HOMESTEAD, FLORIDA, 33033	22			
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, enter the na	me of the new registered			
New Registered Office Address:	Enter Florida street address	Enter Florida street address			
	Florida				
<del></del>	City	Zip Code			
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>				
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	e performance of my duties, and I am provided for in Chapter 605, F.S. Oi	n familiar with and r, if this document is			
If Cha	inging Registered Agent, Signature of New R	egistered Agent			

\_ □Change

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

Page: 4 of 6

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	KELLY ANDREA HERNANDEZ	13352 SW 287TH TER	🗆 Add
		HOMESTEAD, FL, 33033	□Remove
AMBR	JUAN FELIPE HERNANDEZ	13352 SW 287TH TER	□ Add
		HOMESTEAD, FL. 33033	Remove
		<del> </del>	Change
			2027 SEPve 4 Mg 8: 22 Add 8: 22
			□Remove
			Change
	<del></del>		
			□Remove
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	<del></del>		<u></u>		
Effective date, if other than the data if an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depart	specific and cannot does not meet th	e applicable st	stutory filing requ	irements, this date	) Pursuant to 605,0207 (
e record specifies a delayed effective da rd is filed.	te, but not an eff	ective time, at	12:01 a.m. on the	earlier of: (b) Th	e 90th day after the
SEPTEMBER 2ND Dated	202	2			
(Zateu		. 10			
(Zaicu	/	615			
	nature of a member	r or authorized n	epresentative of a m	ember	

Filing Fee: \$25.00

## **COVER LETTER**

TO: Registration Set Division of Cor					
	MPANY, LLC				
SUBJECT:	Name of Lin	tited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	ALLY				
		Name of Person			
	ARRIOLA		202		
		Firm/Company			
		• •	7		
	7345 W SAND LAKE RD	) 	SEP 14 AM		
	Address				
	STE 210		2022 SEP IL AM 8: 22		
	<del>·</del>	City/State and Zip Code	[ N		
	DOCS@GLOBALFY.COM				
For further information of	n-mail address: ( concerning this matter, please c	to be used for future annual report notifica all:	tion)		
ALLY A.		866 4282030 at ()			
Name o	d Person		elephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>\$60.00 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>		
<u>MailingAddres</u> Registration (		StreetAddress: Registration Section	on.		
Division of C	Corporations	Division of Corporations			
P.O. Box 632	27	The Centre of Tallahassee			
Tallahassee,	FL. 32314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303