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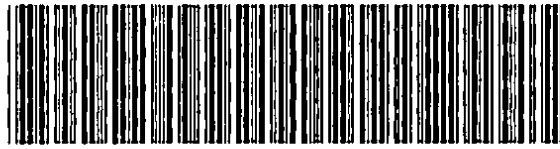
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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: ORLANDO HP LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSE R VALLENILLA VILLAFANE

Name of Person

ORLANDO HP LLC

Firm/Company

PO BOX 16438

Address

SAN JUAN, PR 00908

City/State and Zip Code

100hpmanagement@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSE A CARBO DOMINGUEZ

787 529-1608
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

GR = Manager

1BR = Authorized Member

<u>Role</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
1BR	HECTOR MARCANO	215 SPRING LEAP CIRCLE	<input checked="" type="checkbox"/> Add
		WINTER GARDEN, FL 34787	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
GR	WANDA HERNANDEZ	215 SPRING LEAP CIRCLE	<input checked="" type="checkbox"/> Add
		WINTER GARDEN, FL 34787	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

Effective date, if other than the date of filing: _____ (optional)

If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the document is filed.

Dated OCTOBER 26

2022

Handwritten signature of Jose R Vallenilla Villafane

Signature of a member or authorized representative of a member

JOSE R VALLENILLA VILLAFANE

Typed or printed name of signee

Filing Fee: \$25.00