

L05600093283

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TALLAHASSEE FLORIDA

JUL 18 2013

D. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Hovic Management 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:

Paula Montano

Name of Person

Firm/Company

PO BOX 520563

Address

Miami FL 33152

City/State and Zip Code

paula.montano@aol.com

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

For further information concerning this matter, please call:

Paula Montano

Name of Person

at 305,502 1702

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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2013 JUL 17 AM 11:03
TALLAHASSEE FLORIDA
CLERK OF STATE

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

HUVIC MANAGEMENT, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 9/22/2005 and assigned Florida document number L05000093283

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

HUVIC Distributors & Management, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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2005 JUL 17 AM 11:03
CLERK OF STATE
TALLAHASSEE, FLORIDA

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

Name of New Registered Agent:

Paola Montano

New Registered Office Address:

11143 NW 72 Tr

Enter Florida street address

Miami

City

Florida

33178

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 608, 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.

Paola Montano

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Victor Perez	11143 NW 72 Tr	<input type="checkbox"/> Add
		Doral FL 33178	<input checked="" type="checkbox"/> Remove
MGR	Eduardo E Cruz	11143 NW 72 Tr	<input type="checkbox"/> Add
		Doral FL 33178	<input checked="" type="checkbox"/> Remove
MGR	Paula Montano	11143 NW 72 Tr	<input checked="" type="checkbox"/> Add
		Doral, FL 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated _____, _____.

Paula Montano

Signature of a member or authorized representative of a member

Paula Montano

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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2010 JUL 17 AM 11:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA