L06000059528

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Bocument Number)
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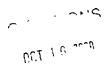
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WESSEF -4 AN 7:56



TO: Registration Se Division of Cor						
CHRIECT	J. Hernande					
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
		Jose R, Hernandez				
		Name of Person				
	J	. Hernandez Farms				
	Firm/Company					
	2	27020 SW 202 AVE				
		Address				
		Homestead, FL 33031				
	Nurseryjuan45@gmail.com	City/State and Zip Code				
	E-mail address: (to be used for future annual repo	ort notification)			
For further information c	concerning this matter, please c	all:				
Alexander L. H	lernandez		586-2012			
Name o	of Person	Area Code	Daytime Telephone Number			
Enclosed is a check for the	he following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Section 1 Section 2 Section 2 Section 2 Section 2 Section 3 Sectio			
Mailing Addres	ss:	Street Addr	ess:			

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

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

TO ARTICLES OF ORGANIZATION OF

	J.Hernandez Farms	2020 SEP - 4 AN 7	: 55	
(Name of the Limited	Liability Company as it now ap Florida Limited Liability Compa		<u></u>	
The Articles of Organization for this Limited Lial L06000059528	bility Company were filed on	06/09/2006	and assigned	
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liability compan	<u>v here</u> :		
The new name must be distinguishable and contain the wor	rds "Limited Liability Company,"	he designation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applical	ble:	·		
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	<u> </u>			
B. If amending the registered agent and/or regagent and/or the new registered office address Name of New Registered Agent:	here:	ir records, enter the na	me of the new registere	
New Registered Office Address:	27020 SW :	202 Ave		
	Enter Florida street address			
	Homestead	, Florida _	33031	
	City		Zip Code	
New Registered Agent's Signature, if changing Re			_	
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registabeing filed to merely reflect a change in the recompany has been notified in writing of this cl	and complete performance ered agent as provided for gistered office address, I he	e of my duties, and I am in Chapter 605, F.S. O	familiar with and r, if this document is	

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address 3379 cc.	Type of Action
MGRM	Juan A. Hernandez	Address 2023 SE, 1 − l ₁ A11 27020 SW 202 Ave Homestead, FL 33031	
		 	Remove
			□Change
MGRM	Alexander L. Hernandez	27020 SW 202 Ave Homestead, FL 33031	= Add
			□ Remove
		<u> </u>	Change
		 	□ Add
			□Remove
			Change
			□ Add
			□Remove
			□ Change
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			Remove
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			08/2	25/2020				
effective da e: If the d	te, if other than the date is listed, the date must be late inserted in this block fective date on the Department.	e specific and cannot c does not meet the	be prior to o applicable	date of filing	or more than		tiling.) Pursuar	
cord specif filed.	fies a delayed effective d	ate, but not an effe	ctive time	e, at 12:01 s	a.m. on the e	arlier of: (b)	The 90th d	ay after th
	August 25	2020)					
ed		 ,						