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2021 JUL -7 PH 4: 0:
SECRETARY OF STATE

M2A/21

COVER LETTER

	Registration Se Division of Co				
cun Ir.c		& Suarez PL			
SUBJEC	l:	Name of Lim	ited Liability Company		
The enclo	osed Articles of	Amendment and fee(s) are sub	unitted for filing.		
Please ret	turn all correspo	ondence concerning this matter	to the following:		
		Dayren L. Suarez			
			Name of Person		
		Hemandez & Suarez PL		2021 JUL -7 SECRETAR TALLAH	
			Firm/Company		-32-21
		680 E 49th Street		-7 P	
			Address	SHOW I	
		Hialeah, FL 33013		PM 4: 07 Y OF STATE	_
			City/State and Zip Code	- , ,	
		dsuarez@miamilawgroup.c			
		E-mail address: ((to be used for future annual report notification)		
For furth	er information	concerning this matter, please c	all:		
Dayren L	_ Suarez		305 557-4304 at ()		
	Name	of Person	Area Code Daytime Telephone Numbe	r	
Enclosed	is a check for	the following amount:			
■ \$25.0	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	ate of Status &	
	Mailing Addre Registration Division of (P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 8 Tallahassee, FL 32303	310	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hernandez & Suarez PL		
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our record Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Co	ompany were filed on 08/24/2007	and assigned
Florida document number L07000088255	_•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
305 LAW PLLC		
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC	
Enter new principal offices address, if applicable:		921 J
Principal office address MUST BE A STREET ADDRI	<u></u>	-171
		OF PH
Enter new mailing address, if applicable:		E, STAT
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered gent and/or the new registered office address here:	office address on our records, enter	the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street addre	SS
		lorida
	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.

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>	Name	Address	Type of Action
			🗆 Add
			□Remove
			□ Change
			□Add
		ALLA	
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reffective date is listed, the date mu te: If the date inserted in this b	st be specific and cannot be prio	r to date of filing or more	han 90 days afte	r filing.) Pu	ursuant te	605.020 Listed a
cument's effective date on the E	epartment of State's record:	S.	quitements, in	1,5 date 171	11 1100 170	. 11,100 4
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cord specifies a delayed effective s filed.	e date, but not an effective	ime, at 12:01 a.m. on t	he earlier of: (b) The 9	0th day	after the
July 5th ted	2021					
		Z N bah				
	Signature of a member or aud	orized representative of a	member			
		2 (0 7				
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Filing Fee: \$25.00