

L08000077182

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H14000108287 3)))



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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : WESTON CORPORATE ADMINISTRATION, LLC
Account Number : I20090000072
Phone : (954) 356-2905
Fax Number : (954) 337-8346

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

Email Address: info@westonca.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GARCIA HNOS, LLC**

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

RECEIVED

14 MAY -6 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 MAY -6 AM 9:01

FILED

H14000108287 3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GARCIA HNOS 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:

Name of Person

WESTON CORPORATE ADMINISTRATION LLC

Firm/Company

2225 N COMMERCE PKWY, SUITE 4

Address

WESTON, FL 33326

City/State and Zip Code

INFO@WESTONCA.COM

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

For further information concerning this matter, please call:

JACQUELINE F. RODRIGUEZ

Name of Person

at (**954**) **389 - 0729**

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

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

2014 MAY 8 AM 9:07 3
H140001082
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

GARCIA HNOS 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 8/12/08 and assigned
Florida document number LO8000077182.

This amendment is submitted to amend the following:

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

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)

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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 Changing Registered Agent, Signature of New Registered Agent

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

MGR= Manager

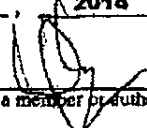
AMBR= Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>SAJON, MARIA PIA</u>	<u>304 INDIAN TRACE</u>	<input type="checkbox"/> Add
		<u>SUITE 507</u>	<input checked="" type="checkbox"/> Remove
		<u>WESTON, FL 33328</u>	
<u>MBR</u>	<u>GARCIA, MARIA DEL CARMEN</u>	<u>304 INDIAN TRACE</u>	<input checked="" type="checkbox"/> Add
		<u>SUITE 507</u>	<input type="checkbox"/> Remove
		<u>WESTON, FL 33328</u>	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<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.)*

E. Effective date, if other than the date of filing: 5/6/2014 (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated MAY 62014

Signature of a member or authorized representative of a memberMARIA PIA SAJON_____
Typed or printed name of signer

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Filing Fee: \$25.00

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2014 MAY -6 AM 9:01
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TALLAHASSEE, FLORIDA