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DIVISION OF CORPORATION

T. HAMPTON

JUL B o Zull

EXAMINER

COVER LETTER ·

TO: Registration Section Division of Corporations
SUBJECT: Hermosura 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:
Low Harriman
Name of Person .
830 Cincoln Rel
Address
Miami Beach, FL 33/39 City/State and Zip Code
/ Jul 1 // 1/97 Jal 12/ CD C 40/ CT /
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Andrew Harrison at 305, 781-4433
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\ \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \$\ \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \$\ \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \$\ \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \$\ \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \$\ Certi

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

SECRETARY OF STATE DIVISION OF CORPORATIONS

ARTICLES OF ORGANIZATION

11 JUL 27 PM 12: 29

	Or	• •	
Hermosusa L (Name of the Limited Liab (A Flori			
(Name of the Limited Liab (A Flori	ility Company as it n da Limited Liability C	ow appears on our records.) Company)	
The Articles of Organization for this Limited Liabilit	ly Company were file	ed on 1 20100	and assigned
Florida document number <u>L08000105</u>	<u> 105</u> .		
This amendment is submitted to amend the following	3 :		
A. If amending name, enter the new name of the l	limited liability com	ipany here:	
The new name must be distinguishable and end with the 'L.L.C."	words "Limited Liabil	ity Company," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET AD	DRESS)		
D (M)			
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)	<u></u>		
			····
B. If amending the registered agent and/or rep	gistered office add	ress on our records, <u>enter t</u>	he name of the new
registered agent and/or the new registered office a	ddress here:		
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street add	ress
		, Florida	
	City	, Fivitua	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.

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>	Address	Type of Action
MBR	Corine Landlau	3/9 NE 59+h Fe160CE #3/9 Migmi, FL 33/3	Add Remove
			Add Remove
			Add Remove
			Add Remove
			□Add □Remove
			Add Remove
D. If amend	ling any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	
Dated		or authorized representative of a member	SECRETARY OF STATE DIVISION OF CORPORATIONS 11 JUL 27 PM 12: 29
	ANSREW	T. HARRIMAN	
	Typed o	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00