L11000120547

(Requestor's Name)	
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(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	٦
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N. CAUSSEAUX MAR 2 0 2018

COVER LETTER

TO:	Registration Se Division of Cor		•	
CHD II	HPHH, LLC			
3(/10)	EC1.	Name of Lim	ited Liability Company	
The en	iclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		HECTOR HERNANDEZ		
			Name of Person	11
		HPHH LLC		
			Firm/Company	
		9698 SW 328TH ST		
			Address	
		HOMESTEAD, FL 33033		
			City/State and Zip Code	, , , , , , , , , , , , , , , , , , ,
		pachyfernandez@live.com	o be used for future annual report notific	
C	al and a Camaratina a		·	ration)
ror tui	ther information co	oncerning this matter, please ca	ui:	
RIGO	BERTO FERNAN	DEZ TORRES	786 226-6977 at () Area Code Daytime	
	Name of	Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	e following amount:		
■ \$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$66.00 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

ПРИН LLC		
(Name of the Lin	ited Liability Company as it now app (A Florida Limited Liability Compan	ears on our records.) y)
The Articles of Organization for this Limited		02/17/2017 and assigned
lorida document number L11000120547	·	
his amendment is submitted to amend the fo	llowing:	
If amending name, enter the new name	of the limited liability company	here:
he new name must be distinguishable and contain the	words "Limited Liability Company," th	te designation "LLC" or the abbreviation "LLC"
nter new principal offices address, if appli	icable:	TSIEC
Principal office address MUST BE A STRE	ET ADDRESS)	3
		30
nter new mailing address, if applicable:		i i i i i i i i i i i i i i i i i i i
Mailing address MAY BE A POST OFFICE		٠ در الله
		<u></u> મું જુ
. If amending the registered agent and	d/or registered office address	on our records, enter the name of the
egistered agent and/or the new registered	office address here:	
Name of New Registered Agent:	RIGOBERTO FERNANDEZ 1	FORRES
New Registered Office Address:	622 NW 18TH ST	
	Enter F	Florida street address
	HOMESTEAD	Florida 33030
	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 Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3.

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>	<u>Name</u>	Address	Type of Action
MGR	RIGOBERTO FERNANDEZ TORAC 5	622 NW 18TH ST, HOMESTEAD	■ Add
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			Change
			
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ective date, if other than the date n effective date is listed, the date must be sp	of filing: 03/11/2018	(opt	tional)
fe: If the date inserted in this block d nument's effective date on the Departi	es not meet the applicable sta	tutory filing requirements, th	is date will not be listed a
record specifies a delayed effor the 90th day after the record i	ctive date, but not an e filed.	ffective time, at 12:01	a.m. on the earlier
MARCH 11	12018		
	7/`		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00