

L120000 19982

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

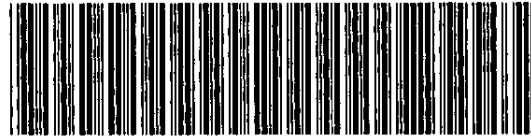
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200228801222

04/12/12--01031--014 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAY 22 PM 3:21

MAY 23 2012

T. HAMPTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HOLA!, 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:

PATRICIA A. DUENAS

Name of Person

HOLA!, LLC

Firm/Company

12367 FOXMOOR PEAK DR

Address

RIVERVIEW FLORIDA 33579

City/State and Zip Code

patricia_anilu@hotmail.com

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

For further information concerning this matter, please call:

PATRICIA A. DUENAS

Name of Person

at (813)

313-7250

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

12 MAY 22 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 13, 2012

PATRICIA A DUENAS
12367 FOXMOOR PEAK DR
RIVERVIEW, FL 33579

SUBJECT: HOLA!, LLC
Ref. Number: L12000019982

We have received your document for HOLA!, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 912A00011732

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

12 MAY 22 PM 3: 21

HOLA!, 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 February 9, 2012 and assigned Florida document number L12000019982.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4200 Community Drive Apt # 1513
West Palm Beach Florida, 33409

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

, Florida

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 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

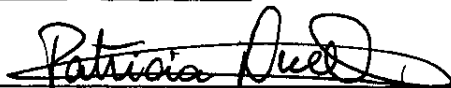
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JOSE MENDIOLA	5420 EAGLE LAKE DRIVE PALM BEACH GARDENS FLORIDA 33418	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	PATRICIA A. DUENAS	12367 FOXMOOR PEAK DR RIVERVIEW FLORIDA 33579	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	JOSE MENDIOLA	4200 COMMUNITY DR WEST PALM BEACH FLORIDA 33409	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	PATRICIA A. DUENAS	12367 FOXMOOR PEAK DR RIVERVIEW FLORIDA 33579	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAY 22 PM 3:21

Dated APRIL 9, 2012



Signature of a member or authorized representative of a member

PATRICIA A. DUENAS

Typed or printed name of signee