

L12000044545

(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:

**A. LUNT**

APR 30 2011

**EXAMINER**

Office Use Only



100231595271

04/26/12--01012--026 \*\*25.00

FILED  
2012 APR 26 PM 3:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HERNANDEZ FRAMING, 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:

OZ LOPEZ

Name of Person

FLORIDA INSURANCE & BUSINESS CONSULTING, LLC.

Firm/Company

415 E. MAIN STREET SUITE. 216

Address

BARTOW, FL. 33830

City/State and Zip Code

OZLOPEZ@HOTMAIL.COM

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

For further information concerning this matter, please call:

OZ LOPEZ

Name of Person

at ( 863 )

670-1780

Area Code & Daytime Telephone Number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 APR 26 PM 3:07

FILED

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

**HERNANDEZ FRAMING, LLC.**

Page 1 of 2

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:

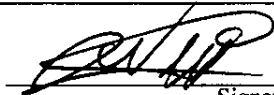
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ALBINO LOPEZ-SANCHEZ	1040 SAND LANE WINTER HAVEN, FL 33880	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	ASUNCION HERNANDEZ	802 AVENUE O SW WINTER HAVEN, FL 33880	<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
			<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.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated APRIL 23, 2012



Signature of a member or authorized representative of a member

ASUNCION HERNANDEZ

Typed or printed name of signee

FILED  
2012 APR 26 PM 3:07  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA