## L13000029628

(Requestor's Name)
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(Document Number)
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SECRETARY OF STATE

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T. Burch OOT 25 200

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

HERNANDEZ HOMES LLC

SUBJECT:

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:

SONYA FUREIGH

Name of Person

HERNANDEZ HOMES LLC

Firm/Company

50 LINWOOD RD NW

Address

FT. WALTON FL 32547

City/State and Zip Code

SONYAJAROCHA@GMAIL.COM

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

For further information concerning this matter, please call:

SONYA FUREIGH

850 585-0602

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

■\$30.00 Fiting 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



October 16, 2013

SONYA FUREIGH 50 LINWOOD RD NW FT. WALTON, FL 32547

SUBJECT: HERNANDEZ HOMES LLC

Ref. Number: L13000029628

We have received your document for HERNANDEZ HOMES LLC and your check(s) totaling \$30.00. 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 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.

Tim Burch Regulatory Specialist II

Letter Number: 913A00024259

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Division of Communities - D.O. DOV 6207 Well-bases Elevide 2021

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

## HERNANDEZ HOMES LLC

Name of the Limited Liebility Company as it now appears on our records

(Asine of the Limite)	A Florida Limited	Liability Company)	s on our records.)	
The Articles of Organization for this Limited L. Florida document number <u>L1300002962</u>	iability Company	were filed on 02/	26/2013	and assigned
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	f the limited liab	ility company her	e:	
N/A				
The new name must be distinguishable and end wi "L.L.C."	th the words "Lim	ited Liability Compa	ny," the designation "LLC"	or the abbreviation
Enter new principal offices address, if applic	able:	N/A	A	. <del>.</del>
(Principal office address MUST BE A STREE	ET ADDRESS)	N/A	5	. 0
		N/A	8	
			mi-	
Enter new mailing address, if applicable:		N/A	70	} ⊋ □
(Mailing address MAY BE A POST OFFICE BOX)		N/A	ž :	* **
		N/A	<b>&gt;</b> ''	50
B. If amending the registered agent and/registered agent and/or the new registered of Name of New Registered Agent:			our records, <u>enter the </u>	name of the new
A CONTRACTOR OF THE CONTRACTOR	N/A			
New Registered Office Address:	14// 1	En	ter Florida street address	
	N/A	, Florida N/A		
	. 4// 1	City	, Floriga <u>· *// ` Z</u>	ip 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
MGRM	JOSE ALDUVI MEJIA VILLEDA	50 LINWOOD RD NW	Add
		FORT WALTON	Remove
		FL 32547	
			Add
			Remove
		- Ac	<del>.                                    </del>
		LLAHASSEE,	
		SEE, FLO	Remove
		FLORIDA	
			Remove
		-	— Add
<del></del>			Add
			Kelikove
			Add
			Remove
	•		

If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)  NONE
ited	10-21-1, 2013.
	Sene I
	Signature of a member or authorized representative of a member SONYA LYNN FUREIGH

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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