

Florida Department of State

Division of Corporations
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To:

Division of Corporations

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Account Name : SERVICIOS COMUNITARIOS LATINOS INC

Account Number : I20080000080 Phone : (305)642-1090 Fax Number : (305)642-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Alberto@farmaserv.com ar

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Corporate Filing Menu

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T. HAMPTON

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HERJI, LLC.			- 200 - 200
	ed Linhility Company as it	now appears on our records.)	중 성위이
(THIRT OF THE LAME	(A Florida Limited Liability	Company)	7:3
. •		04.04.004.0	်မှ ခွ
The Articles of Organization for this Limited	Liability Company were fi	led on 04/24/2013	and assigned
Florida document number L1300008004	þ		•
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This amendment is submitted to amend the f	bllowing:		
A If amounting name entay the name name	of the limited liability on		
A. If amending name, enter the new name	e of the limited hability co	mpany nere:	
N/A			
The new name must be distinguishable and end	with the words "Limited Liab	illty Company," the designation "I	LC" or the abbreviation
"L.L.C."			
Enter new principal offices address, if app	licable:]	
7.			
(Principal office address MUST BE A STR	<u>EET AUDKESS)</u>		
Enter new mailing address, if applicable:		i	
(Mailing address MAY BE A POST OF FIC	<u> </u>		
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B. If amending the registered agent ar		dress on our records, <u>enter</u> j	he name of the new
registered agent and/or the new registered	office address here:	ļ	·
·			
Name of New Registered Agent:	,	J	·
New Registered Office Address:			·
,		Inter Florida street ada	ress
		Florida	•
	City	, 1 101124	Zip Code
New Registered Agent's Signature, if changing			•
THE PROPERTY OF THE PROPERTY O	a Registered Agent.		•
I hereby accept the appointment as regist	and against mad a success as	se des alain ann anns ann T.C. malann ann	
the provisions of all statutes relative to the	reu ugeni ana agree io ac enroner and complete no	et in inispagacity. I further agr	ree to comply with
accept the obligations of my position as re	gistered agent as provide	d for in Chapter 608, F.S. Or	if this document is
being filed to merely reflect a change in the	e registered office addres	s, I hereby confirm that the lin	tited liability
company has been notified in writing of th	is change.		•
			·
	If Changing Re	gistered Agent, <u>Signature of New Re</u>	gistered Agent
	Page 1 of 3		
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or Managing	the Managers or Managing <u>Member being added or re</u>	Members or noved from	our records, <u>enter th</u> our records:	e title, name, and address o	f each Manager
MGR = Mar MGRM = M	nager Ianaging Member				
<u>Title</u>	Name		<u>Address</u>	T	ype of Action
MGRM ———	PEREZ, MARIA	J.	19640 W DIXI	E HWY UNIT B214	Add
			AVENTUR	A, FL. 33180	Remove
	•	,			•
MGRM	PEREZ, HERNAI	A.	19640 W DIXI	E HWY UNIT B214	Add
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