

L15000016664

(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



700271703187

04/14/15--01018--023 **25.00

FILED
15 APR 14 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch APR 27 2015



CALDERARO
TYRRELL
LAW GROUP
immigration attorneys

March 27, 2015

Registration Section
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

RE.: HOGAFR SKF LLC
DOCUMENT NO. L15000016664

Dear Sir/Madam:

We respectfully submit to you the enclosed Articles of Amendment along with a check in the amount of \$25.00 for filing.

If you have any further questions, please do not hesitate to contact us,

Respectfully

Christopher Tyrrell, Esq.
Partner
The Calderaro Tyrrell Law Group

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HOGAR SKF 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:

SANDRA R. CALDERARO

Name of Person

CALDERARO TYRRELL

Firm/Company

6301 NW 5TH WAY, SUITE 2000

Address

FORT LAUDERDALE, FL 33309

City/State and Zip Code

rcalderaro@visamiami.com

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

For further information concerning this matter, please call:

Sandra R. Calderaro

954 376-6161

Name of Person

at (_____) _____
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

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

HOGAR SKF 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 2, 2015 and assigned
Florida document number L15000016664.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

HOGAR 714 LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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

City

Florida

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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED
15 APR 14 PM 4:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated February 9, 2014

Signature of a member or authorized representative of a member

FABIO HORTUA HORTUA

Typed or printed name of signer

FABIO ORLANDO HORTUA H.

FILED
15 APR 14 PM 4:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA