# 4500039874

(Re	questor's Name)	
(Ad-	dress)	
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(Cit	y/State/Zip/Phone	e #)
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# **COVER LETTER**

Division of Cor	porations , '		
SUBJECT:	Unio! Name of Lim	Systems LL ( ited Liability Company	<u>C</u>
	Amendment and fee(s) are sub	_	
	Francisco	Hernandez Name of Person	
	Urioil_	Systems U.	<u>.C</u>
	1820 D.	Corporate Lak	es Blyd. #103
	ndasW	City/State and Zip Code	TA TO LE TI
	Paconelena E-mail address: (	ndlz3748 a grato be used for future annual reportation	ication) Pig 2
For further information co	oncerning this matter, please ca	all:	HAS E
Name of	`Person	at () Area Code Daytimo	Telephone Number
Enclosed is a check for the	e 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:

TO:

Registration Section .

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

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 3-4-2015 and assignt Florida document number 45 0000398744  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 contain 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)	
Florida document number	
A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain 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)	:d
The new name must be distinguishable and contain 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)	
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	
(Principal office address MUST BE A STREET ADDRESS)	,,
The state of the s	
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 tregistered agent and/or the new registered office address here:	<u>he new</u>
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
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 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

MGR = Manager AMBR = Authorized Member Title Name Address Type of Action Juan Dominquez 1820 N. Corporate Lakes Blvd. 10 Add #103Weston Fr. 33326 ☐ Change Francisco Hernandez 1820 N. Corporate Lakes Blvd. 11 Add #103 Weston, Fr33326 OREMOVE MGR-Manager Sandra Hernandez 1820 N. Corporate Lakeraldo Add #103 Weston, 4233326 Remove -MGR-Manager Change Beenda Hernandez 1820 N. Corporate later Bland #103 Weston, +133326 - Remove □ Change MGR Francisco C. Hernandez 1860 N. Componde Lakes Bloding #103 Weshn+1 33326 Remove □ Change ☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

or removed from our records:

ective date, if other than the date of filing: (optional)	
effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) I	
If the date inserted in this block does not meet the applicable statutory filing requirements, this date wument's effective date on the Department of State's records.	all not be listed as
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. or	n the earlier o
he 90th day after the record is filed.	
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Signature of a member or authorized representative of a member	FM
Typed or printed name of signee	the factor of the control of the con
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Page 3 of 3

Filing Fee: \$25.00