L15000114316

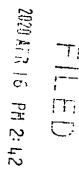
(Re	questor's Name)	
(Ad	dress)	
- (Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Doe	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	





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Amend Name Chs

APR 2 0200 I ALBRITTON

· COVER LETTER

TO: Registration Section

Division of Corporations			
HUMAN ER	RROR SOLUTIONS LLC		
SUBJECT:		in AT in Disc Community	
	Name of Lam	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	COLLAZO, GINETTE M		
		Name of Person	
	HUMAN ERROR SOLUT	TONS LLC	
		Firm/Company	
	10773 NW 58 St #49		
		Address	
	MIAMI, FL 33178		
		City/State and Zip Code	
	ginette@humanerrorsolutio		
	E-mail address: (to be used for future annual report not	ification)
For further information co	ncerning this matter, please c	all;	
COLLAZO, GINETTE M	I	787 530 - 0200	
Name of	Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	e following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
= \$25.00 i mig i cc	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	<u>:</u>	Street Address:	
Registration S		Registration Se	
Division of Co	<u>-</u>	Division of Co	
P.O. Box 6327 Tallahassee, F		The Centre of 2415 N. Monro	nanassee De Street, Suite 810
i mildiidosco, I		= 115 11. INDIII	

Tallahassee, FL 32303



2020 APT 1 4:47

FLORIDA DEPARTMENT OF STATE **Division of Corporations**

March 24, 2020

GINETTE M. COLLAZO 185 SW 7TH STREET APT. 3509 MIAMI, FL 33130

2ND MAILING

SUBJECT: HUMAN ERROR SOLUTIONS LLC

Ref. Number: L15000114316

We have received your document for HUMAN ERROR SOLUTIONS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

You failed to sign the form.

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) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 120A00005034



March 6, 2020

GINETTE M. COLLAZO 10773 NW 58 ST #49 MIAMI, FL 33178

SUBJECT: HUMAN ERROR SOLUTIONS LLC

Ref. Number: L15000114316

We have received your document for HUMAN ERROR SOLUTIONS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 120A00005034

Irene Albritton Regulatory Specialist II

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mary Copy 2: 42

HUMAN ERROR SOLUTIONS 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 I Florida document number L15000114316	Liability Compan	y were filed on $\frac{07/01/20}{}$	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited lia	bility company here:	
GINETTE M. COLLAZO LLC			
The new name must be distinguishable and contain the	words "Limited Liab	oility Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	936 SW IST AVE. #-	416 MIAMI, FL 33130
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>EBOX)</u>	936 SW IST AVE. #-	116 MIAMI, FL 33130
B. If amending the registered agent and/or agent and/or the new registered office address.	_	e address on our record	s, <u>enter the name of the new registere</u>
Name of New Registered Agent:	COLLAZO, C	GINETTE M	
New Registered Office Address:	185 SW 7TH	STREET APT, 3509	
.,		Enter Florida str	eet address
	MIAMI		, Florida 33130
		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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

•

MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			□ Change
			□Remove
			☐ Change
			□Add
			Remove
			□ Change
			□Remove
			Change
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			□Remove
			☐ Change
			□ Add
			□Remove
			□Chanca

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ffectiv	e date, if other than the date of filing: (optional)
	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	nt's effective date on the Department of State's records.
record I is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the i.
ated _	4-1-20
	On it allows
	Signature of a member or authorized representative of a member
	$\alpha + 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1$