

L15000114316

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

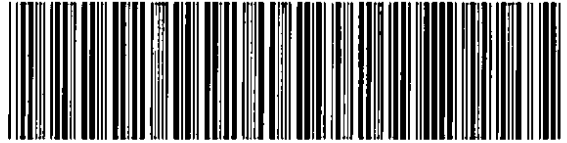
(Business Entity Name)

(Document Number)

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2020 APR 15 PM 2:42

Amend  
Name chg

APR 20 2020

I ALBRITTON





FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2020 APR 1

4:47

March 24, 2020

GINETTE M. COLLAZO                      2ND MAILING  
185 SW 7TH STREET  
APT. 3509  
MIAMI, FL 33130

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 6, 2020

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

SUBJECT: HUMAN ERROR SOLUTIONS LLC  
Ref. Number: L15000114316

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Irene Albritton  
Regulatory Specialist II

Letter Number: 120A00005034

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
2020 APR 16 PM 2:42  
STATE OF FLORIDA

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 Liability Company were filed on 07/01/2015 and assigned  
Florida document number L15000114316

This amendment is submitted to amend the following:

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

GINETTE M. COLLAZO LLC

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

**Enter new principal offices address, if applicable:**

936 SW 1ST AVE. #416 MIAMI, FL 33130

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

936 SW 1ST AVE. #416 MIAMI, FL 33130

**(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:**

COLLAZO, GINETTE M

**New Registered Office Address:**

185 SW 7TH STREET APT. 3509

*Enter Florida street address*

MIAMI

*City*

Florida 33130

*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.*

Ginette Collazo  
*Ginette Collazo*  
**If Changing Registered Agent, Signature of New Registered Agent** 2-7-2

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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Change

