

L15000114316

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

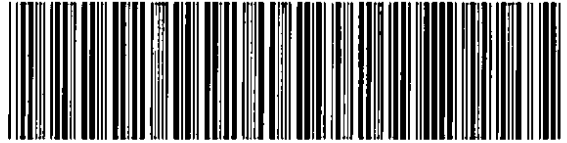
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700340360807

02/11/20--01017--019 \$425.00

FILED

2020 APR 15 PM 2:42

Amend
Name chg

APR 20 2020

I ALBRITTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HUMAN ERROR SOLUTIONS 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:

COLLAZO, GINETTE M

Name of Person

HUMAN ERROR SOLUTIONS LLC

Firm/Company

10773 NW 58 St #49

Address

MIAMI, FL 33178

City/State and Zip Code

ginette@humanerrorsolutions.com

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

For further information concerning this matter, please call:

COLLAZO, GINETTE M

787 530 - 0200

at (_____) _____

Name of Person

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



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



2020 MAR 25 AM 10:22

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

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):

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

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
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
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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

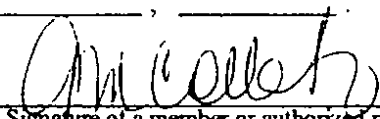
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 4-1-20



Signature of a member or authorized representative of a member

Ginnelle M. Collazo

Typed or printed name of signee