

Note: Pierse print this page and use it as a cover sheet. Type the fux audit number (shown below) on the top and bottom of all pages of the document.

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To:

Mivision of Corporations

Fax Number

(R50) 617-6383

From:

Amount Name : FEDRO LUAQUINOS Account Number : I20170000042

Phone

: (954)655-8413 : (954)432-9897

FEX Number

(334)434-3637

Enter the small address for this business entity to be used for future around report swittings. Enter only one estall address please.

Email Address: Pluzguins FOhdmail. com

I.LC AMND/RESTATE/CORRECT OR M/MG RESIGN HERMES MIAMI LLC

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Certified Copy	0
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D. SCOTT JUN 2 9 2017 Ç.

COVER LETTER

	•	COVER LETTER .
TO: Registration Se Division of Cor		
	MIAMI LLC	
SUBJECT:	Name of Lim	ited Liability Company
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.
Please return all correspo	indence concerning this matter	to the following:
	MARIBEL JACUZZI	
		Name of Person
		Firm/Company
	r 104	
		Address
	PEMBROKE PINES, FL	33024
		City/State and Zip Code
	PLUZQUINOSF@HOTMA	
	E-mail address: (to be used for future annual report notification)
For further information of	concerning this matter, please co	all:
PEDRO LUZQUINOS		954 655-8413
Name	f Person	Area Code Daytime Telephone Number
Enclosed is a check for t	he following amount:	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, □ □
\$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional cupy is enclosed) \$60.00 Filing Fee,

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

HERMES MIAMI LLC			조유 학
(Name of the Limit	ted Liability Compa (A Florida Limited I	ny as it now anne iability Company	ars on our records.)
The Articles of Organization for this Limited L	iability Company	were filed on _	07/06/2015 and assigned
Florida document number L15000115531			
This amendment is submitted to amend the foll	owing:		1. 6. 1
A. If amending name, enter the new name o	f the limited liab	ility company	here:
The new name must be distinguishable and contain the v	words "Limited Liabil	ity 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)		9820 SHERIT	DAN ST APT 104
		PEMBROKE PINES, FL 33024	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			DAN ST APT 104 PINES, FL 33024
registered agent and/or the new registered of New Registered Agent:	MARIBEL JAC		on our records, enter the name of the new
New Registered Office Address:	Enter Florida street address		
	PEMBROKE P	INES	, Florida 33024
		City	7.ip 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

Page 1 of 3

If amcording 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 = Anthorized Member

<u>Title</u>	<u>ltic Name</u> Address		Type of Action
CEO	RUSSO, MARIBEL	9800 SHERIDAN ST 101	Add
		PEMBROKE PINES, FL 33024	Remove
			Change
AMBR JACU	JACUZZI, MARIBEL	9820 SHERIDAN ST APT 104	Add
		PEMBROKE PINES, FL 33024	☐ Rèmove
			☐ Change
			C Remove
			D Change
			C Remove
			Change
			Add Add ACC
			TILLED ETAGEN AND FREMOVE ETREMOVE

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D. If amending any other in	ormation, enter change(s	s) here: (Attac	h additional sheets, if r	necessary.)	
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	06/2	3/2017			
E. Effective date, if other the (If an effective date is listed, the date inserted in document's effective date or	an the date of filing: ate must be specific and cannot this block does not meet the	be prior to date of applicable state	filing or more than 90 days	ptional) uncr filing.) Punuant to 6 this date will not be li	95.0207 (3)(b) sted as the
If the record specifies a do (b) The 90th day after the	elayed effective date, be record is filed.	out not an eff	ective time, at 12:0)1 a.m. on the ear	lier of!
JUNE 23	2017	,		SEC	百
Duted	,	·			JE T
Man	Signature of a member	or authorized rep	resentative of a member	<u>S</u>	128 M
MARIBEL JACI	_			mg Ta	
		or printed name o	frignce	3	<u>ن</u>
					(O)

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