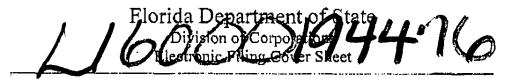
**Division of Corporations** 



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

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Tc:

Division of Corporations

: CORP USA
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Phone :: (305)634-3694
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\*\*Enter the email address for this business entity to be used for futility annual report mailings. Enter only one email address please.\*\*

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# 16000 287 288

## **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT: P P HERN	NANDEZ INVESTMENTS LLC	lited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	amitted for filing	
		-	
Please return all corresp	ondence concerning this matter	to the following:	
	MARIA C MAGARINO		
		Name of Person	
		Firm/Company	
	145 SW 8 STREET DEPT	1401	
	*	Address	
	MIAMI FL 33130		
		City/State and Zip Code	
	MMagarinoace@gmail.com		
	E-mail address: (	to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
		305 4691354 at () Area Code Daytime	
Name	of Person	Area Code Daylimo	Telaphone Number
Enclosed is a check for t	the following amount:		
S25.00 Filing Fee	Cortificate 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 Tallahossee, 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



(Name of the Limited Liability Compa (A Florida Limited)	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L16000194476	were filed on 10/21/2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	dlity company here:
The new name must be distinguishable and contain the words "Limited Linbi	lity Company," the designation "LLC" or the abbreviation "L,L.C."
Enter new principal offices address, if applicable:	1365 NW 23 STREET
(Principal office address MUST BE A STREET ADDRESS)	MIAMI FL 33142
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ONVISON 22
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	office address on our records, enter the name of the fire:
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enicr Florida street address

## 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.

Ciņ

If Changing Registered Agent, Signature of New Registered Agent

3056339596

CORP USA



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>	Name	Address	Type of Action
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