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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. SCOTT

MAY 8 2017

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 787 BUILDERS 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:

JUAN CARLOS A BERBERENA

\_\_\_\_\_  
Name of Person

787 BUILDERS LLC

\_\_\_\_\_  
Firm/Company

3668 SPRING PARK RD

\_\_\_\_\_  
Address

JACKSONVILLE FL 32207

\_\_\_\_\_  
City/State and Zip Code

111TAX333@GMAIL.COM

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

For further information concerning this matter, please call:

JUAN CARLOS A BERBERENA

787  
at ( )

599-5048

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**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

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TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

787 BUILDERS 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 12/01/2016 and assigned  
Florida document number L16000218396.

This amendment is submitted to amend the following:

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

HSO CONSTRUCTION LLC

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

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

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

SILVIA MAGALY ORTIZ

11118 COLDFIELD DR

JACKSONVILLE FL 32246

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

**(Mailing address MAY BE A POST OFFICE BOX)**

11118 COLDFIELD DR

JACKSONVILLE FL 32246

**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:

SILVIA MAGALY ORTIZ

New Registered Office Address:

11118 COLDFIELD DR

*Enter Florida street address*

JACKSONVILLE

*City*

Florida 32246

*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.*

Silvia Magaly Ortiz  
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>	<u>Address</u>	<u>Type of Action</u>
MGR	JUAN CARLOS A BERBERENA	3668 SPRING PARK RD	<input type="checkbox"/> Add
		JACKSONVILLE FL 32207	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SILVIA MAGALY ORTIZ	11118 COLDFIELD DR	<input checked="" type="checkbox"/> Add
		JACKSONVILLE FL 32246	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	HECTOR L ORTIZ	11118 COLDFIELD DR	<input checked="" type="checkbox"/> Add
		JACKSONVILLE FL 32246	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

I TRANSFER THE OWNERSHIP OF THIS CORPORATION. THE CORPORATION WILL CHANGE THE  
NAME HSO CONSTRUCTION LLC.

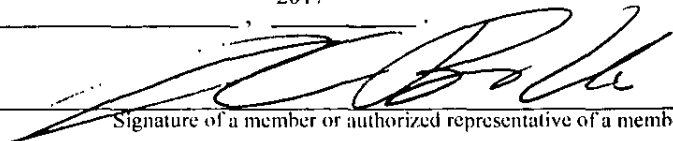
**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(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 April 28, 2017



Signature of a member or authorized representative of a member

JUAN CARLOS A. BERBERENA

Typed or printed name of signer

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17 MAY -5 AM 9:21  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE