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COVER LETTER

TO:				
CHID I	ECT.	PROMOTIONS AN	ID GENERAL SERVICES HM, LL	С
SUDJ	ECI:	Name of Lim	ited Liability Company	
PROMOTIONS AND GENERAL SERVICES HM, 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: JHONNY SANDOVAL Name of Person 1431 GALIANO ST APT 5 Address CORAL GABLES, FL 33134 City/State and Zip Code JASV1407@ICLOUD.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JHONNY SANDOVAL Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\Begin{array} \text{S25.00 Filing Fee} \text{ S30.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{STEFET/COURIER ADDRESS:} STEFET/COURIER ADDRESS:				
Please	return all correspo	ondence concerning this matter	to the following:	
			JHONNY SANDOVAL	
	·		Houng fander	
		V	ν	
				33134 port notification) 7263 Daytime Telephone Number \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	PROMOTIONS AND GENERAL SERVICES HM, LLC Name of Limited Liability Company e enclosed Articles of Amendment and fee(s) are submitted for filing. ase return all correspondence concerning this matter to the following: JHONNY SANDOVAL Jame of Person Address CORAL GABLES, FL 33134 City/State and Zip Code JASV1407@ICLOUD.COM E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: JHONNY SANDOVAL Name of Person Area Code Daytims Telephone Number S25.00 Filing Fee Certificate of Status Certificate Copy (additional copy is enclosed) [S60.00 Filing Fee, Certificate of Status of Stat			
			City/State and Zip Code	
				ication)
For fu	rther information c			
	JHONNY S	ANDOVAL		
	Name o	f Person		Telephone Number
Enclos	sed is a check for the	he following amount:		
\$2	25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	MAII	INC ADDDESS.	STPFFT/COUDII	FR 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**

(//; 1.1	ILED
TALLAHASSE	OF STATE

		I, LLC '44 (CARANG S
(Name of the Lin	ilted Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)	TASSEE STATE
T 150000550	, , , , <u></u> -	03/10/2017	and assigned
lorida document numberL1/00005584	 ,		
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability company her	<u>e</u> :	
PROMOTIONS A	ND GENERAL SERVICES, LLC		
he new name must be distinguishable and contain the	words "Limited Liability Company," the des	signation "LLC" or the a	bbreviation "L.L.C."
inter new principal offices address, if appl	cable:		
<u>Principal office address MUST BE A STRE</u>	ET ADDRESS)		
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			
	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) of Organization for this Limited Liability Company were filed on		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	E BOX)		
		······································	-
	 -		
3. If amending the registered agent and	l/or registered office address on	our records, <u>enter</u>	the name of the ney
Name of New Registered Agent:	JHONNY SANDOVAL		
New Registered Office Address:	1431 GALIANO ST APT 5		
THE TAPLET OF A CHIEF THE POST	Enter Floria	la street address	
	CORAL GABLES	Florida	33134

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida _

Zip Code

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
MGR	WILMER JIMENEZ	1431 GALIANO ST APT 5	_ □ Add
		CORAL GABLES, FL 33134	■ Remove
			□ Change
MGR	HAYDIMAR VARGAS	1431 GALIANO ST APT 5	Add
		CORAL GABLES, FL 33134	■ Remove
			Change
MGR	MARIANY PORRAS	1431 GALIANO ST APT 5	
		CORAL GABLES, FL 33134	□ Remove
			■ Change
MGR	JHONNY SANDOVAL	1431 GALIANO ST APT 5	
		CORAL GABLES, FL 33134	Remove
			Change
			Add
			Remove I He Change Change Add M 35 Change SECIO TARRASSELL FLORIDA
			Garage

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	03/10/2017
ectiv	ve date, if other than the date of filing: (optional) ctive 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
te: I	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
cume	nt's effective date on the Department of State's records.
reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
	and the resolution in the reso
ted_	MARCH, 16 2017
	· — (1)
	Hornuthreed "
	Signature of a member of authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00