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COVER LETTER

TO: Registration So Division of Co			
SUBJECT: +	S UNITED IN Name of Lim	JESTO 25 LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	RENZO	Soso N Name of Person	
	F17	ST LEGIAL P.A. Firm/Company	
		501 ST 5TE 20%	
		City/State and Zip Code A111 P mal com to be used for future annual report notifi	
For further information c	oncerning this matter, please co		
RENZO Name o	ROSON /	at (<u>954</u>) <u>998</u> Area Code Daytime	- 1488 : Telephone Number
Enclosed is a check for the	ne following amount:		
	☐ \$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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H & S UNITED ENVESTORS (Name of the Limited Liability Compar (A Florida Limited L.	NA It now appears on our paraels)							
(A Florida Limited L	iability Company)							
The Articles of Organization for this Limited Liability Company	were filed on	and assigned						
Florida document number <u>L17000 112626</u> .								
This amendment is submitted to amend the following:								
A. If amending name, enter the new name of the limited liabi	lity company here:							
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" o	or the abbreviation "L.L.C."						
Enter new principal offices address, if applicable:								
(Principal office address MUST BE A STREET ADDRESS)								
Enter new mailing address, if applicable:								
(Mailing address MAY BE A POST OFFICE BOX)								
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our records,	enter the name of the new						
registered agent and or the new registered office hadress here	•	17 \$1.6 \$1.6						
Name of New Registered Agent:								
New Registered Office Address:		1888						
	Enter Florida street address	THE M						
	, Flori	da Syr Code						
New Registered Agent's Signature, if changing Registered Agent:		DA ·						

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

. 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>	Type of Action
MBR	COUSTINO A. OCAMPO	3625 N COUNTRY CLUB TO 67	<u>6</u> □ Add
		AVENTURA, FL 35,00	Remove
			Change
MB2	ISABEL C. OCAMJO	3675 N COUNTRY Club De & 20	<u>3</u> □ Add
		AVENTURA FL 33180	⊠ _Remove
			Change
			Add
			□ Remove
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lf an effectiv	date, if other the	late must be spec	citic and	cannot be pri	or to date of	filing or mor	than 90 days	optional) after filing.) Pursuant	to 605.	.020
Note: If t	he date inserted in 's effective date or	this block doe	is not me	eet the appl	icable stati	tory filing (equirements	. this date	will not b	ne liste	ed a
the record	d specifies a de Oth day after th	elayed effec ne record is	tive da filed.	ate, but r	ot an eff	ective tin	ne, at 12:(01 a.m.	on the	earlie	r o
Dated	Octobe	{ :3		2017							
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Page 3 of 3

Filing Fee: \$25.00