# 117000114195

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(Ad	ldress)	·
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(Cit	ty/State/Zip/Phone	e #)
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> SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED

D. BRUCE JUN 28 2017

# **COVER LETTER**

TO: Registration S Division of Co	ection 🦅 💮 🦞	,	
SUBJECT:	Maylin Herna	indez LLC.	
	Name of Limi	ited Liability Company	<del>.</del>
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Maylin	Hemandez.  Name of Person  Mendez LLC.  Firm/Company	
		Name of Person	
	Maylin Hen	pandez LLC.	
		Firm/Company	
	5900 S Dix	ie Hwy	
		Address	
	W.P.B FI	33405 City/State and Zip Code  omph@gmail.com. o be used for Miture annual report notific	
		City/State and Zip Code	
	Wireless freed	omph@gmail.com.	ation) Z S
For further information of			_ ``
Maylin H	ernander.		716. EEC Number 1
Name o	of Person	at ( <u>561</u> ) <u>821 - O</u> Area Code Daytime 1	Celephone Number STA
Enclosed is a check for t			A N
\$25.00 Filing Fee	☐ \$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

Maylin H	lernandez LL	C.	•	
(Name of the Limited Li (A Fl	ability Company as it now orida Limited Liability Com	appears on our records.)  appany)		
The Articles of Organization for this Limited Liabili	ty Company were filed	on 5/23/2017.	and assigned	
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the  Haylin Hemardez  The new name must be distinguishable and contain the words	LIC.		The abbreviotion "L. I. C."	
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET AL		, the designation ELC or	SECRETARIAN 2	· —
Enter new mailing address, if applicable:	. ·		TOF STA	<del></del> ·
(Mailing address MAY BE A POST OFFICE BOX	2		Str. N	
B. If amending the registered agent and/or r registered agent and/or the new registered office		ess on our records, <u>e</u>	nter the name of th	e nev
Name of New Registered Agent:	Maylin	Hernardez.		_ <del></del> ·
New Registered Office Address:	En	nter Florida street address		
Neon		, Florid		
	City		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.

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
16R	Haylin Hemandez	5900 S Dixie Hwy WPB A	3346 Add
			☐ Remove
			Change
			Add
			Remove
•			Change
		· · · · · · · · · · · · · · · · · · ·	Add
		•	Remove
		TALLAHAS	Change
		HASSE	Add P
		SEE, FLORID	T Remove
		7	Change
	·		Add
			Remove
			Change
	· · · · · · · · · · · · · · · · · · ·		Add
		<u> </u>	Remove
	•		Change

	Adding my names as the owner:	,
<del></del>	Adding my names as the owner: Maylin Hemandez.	
<del> </del>		
	<u></u>	
<u></u>		
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		ARE JUN
		SSEE.
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*****		<b>→</b> N
ın effectiv ote: If th	date, if other than the date of filing:  e date is listed, the date must be specific and cannot be prior to date of filing or more than 90 the date inserted in this block does not meet the applicable statutory filing requirers a effective date on the Department of State's records.	(optional) 0 days after filing.) Pursuant to 605.02 ments, this date will not be listed a
record The 90	I specifies a delayed effective date, but not an effective time, at th day after the record is filed.	12:01 a.m. on the earlier
ted	6/8 , 2017 .	
		her
	Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00