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(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
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(C	ocument Number)	
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JUL 3 2017

COVER LETTER

	Registration Se Division of Cor			
0110111		ERPRISE LLC		
SUBJEC	,T:		ited Liability Company	
		Amendment and fee(s) are sub- ndence concerning this matter	_	
	· · · · · · · · · · · · · · · · · · ·	FELIX MARTINEZ	to the following.	
			Name of Person	
			Firm/Company	
		438 SE 34TH TERRACE		
		HOMESTEAD FL 33033	Address	
		MFELIX25@HOTMAIL.C	City/State and Zip Code	
		E-mail address: ()	to be used for future annual report	notification)
For furth	er information co	oncerning this matter, please ca	all:	
FELIX S	MARTINEZ		786 8062658	
	Name of	Person	Area Code Da	ytime Telephone Number
Enclosed	l is a check for th	e following amount:		
\$25.0	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

TC:

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

HFM ENTERPRISE LLC		
(Name of the Limited Liabilit (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability C	ompany were filed on 06/20/2017	and assigned
Florida document number L17000133785	_·	····
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
he new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	(ESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		·
3. If amending the registered agent and/or regist	tered office address on our records, e	nter the name of the
egistered agent and/or the new registered office addi	ress here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florid	a
	Chy	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 AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	FELIX MARTINEZ	438 SE 34TH TERRACE	_
		HOMESTEAD, FL 33033	
			☐ Change
			□ Add
			□ Remove
			☐ Change
			Remove
			Change
			☐ Remove
			☐ Change
			Add
			☐ Remove
			Change
			Remove
			□ Change

					
					
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ective date, if oth	ner than the date of	filing:		(optio	nal) Iling.) Pursuant to 605.020
<u>te:</u> If the date inse	ed, the date must be specify reted in this block does date on the Departmen	not meet the applic	cable statutory filing	ore than 90 days after t g requirements, this	iling.) Pursuant to 605.020 date will not be listed a
ument s enective		ive date that no	ot an effective t	ime, at 12:01 a.	m. on the earlier o
record specifie	s a delayed effecti ter the record is f	iled.			
record specifie	s a delayed effect ter the record is f	2017	·		
record specifie he 90th day af	ter the record is fi	iled.	norized representative		-

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Filing Fee: \$25.00