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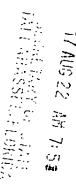
(Req	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT:
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
IVAN FERNANDEZ Name of Person
Name of Person
<u>I FERNANDEZ LCC.</u> Firm/Company
Firm/Company
1300 W. BROWARD BIVO Address
FORT LAUDERDALE, FL. 33312 SCHOOL PHIS FE. 33 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TVAN FERNANDEZ at (954) 479-7770 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) \$\Bigcup \$60.00 Filing Fee, 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

<u> L HERNANDEZ</u>		<u>.</u>
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	oility Company were filed on <u>06/30/201</u>	7 and assigned
lorida document number <u>L170001338</u> °	71 .	
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of th	he limited liability company here:	
he new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	<u> </u>	
	<u></u>	
3. If amending the registered agent and/or	registered office address on our records, en	ter the name of the r
egistered agent and/or the new registered offic		22
		177
Name of New Registered Agent:		
New Registered Office Address:		SE 8
ivew Registered Office Address.	Enter Florida street address	
	, Florida	
	, Florida	- Zip Colde
		2.5 ver

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 Name Address Type of Action AMBR IVAN FERNANDEZ 1142 NW 122 TERRACE #Add Pembeoke Pines, Fl. 33026 | Remove AMBR Annamaria Fernandez 1142 NW 122 TERRACE DAdd Pemproke Pines, Fl. 33abG Remove _**/C**hange ☐ Remove □ Change □ Remove ☐ Remove ______ Change ☐ Remove _____ □ Change

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Page 3 of 3

Typed or printed name of signee

IVAN FERNANDEZ

Filing Fee: \$25.00