

L17000149928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2017 AUG 14 AM 10:29  
FEDERAL BUREAU OF INVESTIGATION  
U.S. DEPARTMENT OF JUSTICE

AUG 16 2017

J. HARRIS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Carlos Antonio Hernandez Delivery 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:

Carlos A Hernandez  
Name of Person

Carlos Antonio Hernandez Delivery LLC  
Firm/Company

7916 Woodvale Cir  
Address

TAMPA FL 33615  
City/State and Zip Code

carlosantonio.hernandez1@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carlos A. Hernandez at (813) 775 5070  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

Carlos Antonio Hernandez Delivery LLC

(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 07/12/2017 and assigned Florida document number 617000149928

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

7916 Woodvale Cir  
TAMPA, FL 33615

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7916 Woodvale Cir  
TAMPA, FL 33615

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Carlos A. Hernandez

New Registered Office Address:

7916 Woodvale Cir

Enter Florida street address

TAMPA

City

Florida

33615

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.*

(Signature)  
If Changing Registered Agent, Signature of New Registered Agent

AUG 14 10:29  
CLERK OF COURT  
HILLSBORO COUNTY  
FLORIDA

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>	<u>Type of Action</u>
MGR	Carlos A. Hernandez	7916 Woodvale Cir	<input type="checkbox"/> Add
		Tampa, FL 33615	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2017 AUG 19 AM 11:29  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 08-19-2017 BY 60322  
UCBA

FILE

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

In the original form, I made two mistakes.

① As Registered agent name, I wrote:

Carlos A. Hernandez, SA. It is wrong.

It should be: Carlos A. Hernandez as Registered Agent Name.

② I wrote the next address:

7616 Woodvale Cir

Tampa, FL 33615-204 UN

This address is wrong because of ZIP code

The right address is:

7916 Woodvale Cir

TAMPA, FL 33615

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective 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 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated \_\_\_\_\_



Signature of a member or authorized representative of a member

Carlos A. Hernandez

Typed or printed name of signer

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2017 AUG 14 AM 10:29  
TALLAHASSEE, FLORIDA