K17000200000

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COVER LETTER

Division of Corp				
CAID ICCT	150	L PARCHE BBQ LLC		
SUBJECT:	Name of Limi	ted Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	idence concerning this matter	to the following:		
		HAROLD JIMENEZ		
		Name of Person	· · · · · ·	
		EL PARCHE BBQ LLC		
		Firm/Company	_	
		7409 MILESTONE DR		
		Address	<u> </u>	
	Al	POLLO BEACH, FL 33572	2	
		City/State and Zip Code		
		OLDWIRO@HOTMAIL.C to be used for future annual re		
For further information co	n-mail address. () oncerning this matter, please co		port notineation	
	ЛМЕNEZ	813 at () Area Code	422-1026	
Name of	Person	Area Code	Daytime Telepho	ne Number
Enclosed is a check for th	e following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Fiting Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

Mailing Address:
Registration Section
Division of Corporations

P.O. Box 6327

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EL PARCHE E	•			
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	ny as it now appears on (Liability Company)	our records.)		
The Articles of Organization for this Limited Liability Company Florida document numberL17000200000	were filed on09/27/	2017	a	nd assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
H&C COALITION ENTERPRISE LLC				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the design	ation "LLC" or th	c abbreviat	ion "L.L.C."
Enter new principal offices address, if applicable:	7409 MILESTONE I	DR		
(Principal office address MUST BE A STREET ADDRESS) APOLLO BEACH, FL 335				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	7409 MILESTONE I APOLLO BEACH, I address on our recor	FL 33572	ame of t	he new registered
Name of New Registered Agent:	7409 MILES	TONE DE		
New Registered Office Address:	Enter Florida si			~>
APC	DLLO BEACH	treet address , Florida	7: 33572	(75) (75)
	City	,,	Zip	Códe

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 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
			□Add
			□Remove
			□Remove
			Change
			□ Add
			□Remove
			Change
			□ Add
			□Remove
			
			□ Add
			□Remove
			Change
			□Add
			□Remove
			Change

ffective date, if other than the date of filing: 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 605.020° (dote). If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as occurrent's effective date on the Department of State's records. The specifics a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the is filed. Applicative of member of studiosized representative of a member. HAROLD HMENEZ.		ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Signature of amember of authorized representative of a member		
	ated _	29 October 20217.
HAROLD IIMENEZ		Signature of member of authorized representative of a member
		HAROLD JIMENEZ