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## **COVER LETTER**

	legistration Se Division of Cor			
SUBJECT	H&E SRL	LLC		
SUBJECT	·	Name of Lin	nted Liability Company	
The on day	ant Activian at	Amendment and fee(s) are sub	eminest for filling	
r rease ren	an an correspo	indence concerning this matter	to the following.	
		FLORES, JORGE H		
			Name of Person	
		H&E SRL LLC		
			Firm Company	<del></del>
		3026 JARDIN ST		
			Address	
		KISSIMMEE, FL 34741		
			City State and Zip Code	
		neylarealtoria.gmail.com		
C. a Court court			to be used for future annual report no	eldication)
roi iurmei	т іпіогіпаціов с	oncerning this matter, please c	au:	
JORGE H	FLORES		407 7808786 at ()	
	Name o	f Person	Area Code Dayti	me Telephone Number
finclosed i	s a check for th	ne following amount:		
<b>⊜</b> \$25.00	) Filmg 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)
	, <del>"</del>			
	Registr Divisio P.O. Be	ING ADDRESS: ation Section in of Corporations ox 6327 assec, FL 32314	STREET/COUP Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL	orations Tenter Circle

- Hold-

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H&E SRL LLC		
( <u>Name of the Limited Liabi</u> (A Flori	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 02/09/2018	
Florida document number L18000037375	<del></del> ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	nited liability company here:	
the new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" of	or the abbreviation "LT C"
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		enter the name of the r
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florada street address	
	, Flor	ida
<del></del> -	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 um 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 filled 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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	EDERMIRA GUTIERREZ	3026 JARDIN STREET	■ Add
	· · · · · · · · · · · · · · · · · · ·	KISSIMMEE FL 34741	
			Велюче
			□ Change
AMBR	JORGE H FLORES	3026 JARDIN STREET	□ Add
		KISSIMME FL 34741	
			Remove
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	11/28/2018		Ř	A	_	
tive date, if other than the da flective date is listed, the date must be 1. If the date inserted in this bleak	te of filing:		(optional)		. 5	
: If the date inserted in this block ment's effective date on the Depa ecord specifies a delayed efe 90th day after the record	rtment of State's records	ore statutory filing requ	airements, this date v	vill no	t be lis	ated a
NOVIEMBRE 28	. 2018	- 1/0				
•		Hert	<b>A</b> .			
Sign	nature of a member or authori	zed presentative of a n	ember			

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Filing Fee: \$25.00