

L18000062332

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180000853173)))



H180000853173ASCO

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : MBA ACTIVATION, LLC
Account Number : 120130000007
Phone : (786)439-9847
Fax Number : (786)345-0666

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: sergucipm@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HERNANDEZ MARKET, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED

2018 MAR 19 AM 10:28

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDASECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 MAR 19 AM 11:50

FILED

[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)

S. WARREN

MAR 20 2018

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Hernandez Market, 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 03/09/2018 and assigned
Florida document number L18000062332

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 end with 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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

Page 1 of 3

FILED
18-MAR-19 AM 11:50
TALLAHASSEE, FLORIDA
STATE DEPT. OF STATE

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

Geovane Velazquez - 50%

Enrique P. Hernandez Monagas - 50%

E. Effective date, if other than the date of filing: 03/15/2018 (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 15th, 2018

Signature of a member or authorized representative of a member

Geovane Velazquez - Manager

Typed or printed name of officer

Page 3 of 3

FILED
18 MAR 19 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA