

L1800092673

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2022 JUL 18 PM 10:35  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Amohe 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:

Isabel Ana Morales  
Name of Person

Amohe LLC  
Firm/Company

1435 S. Leavitt Ave, 103  
Address

Orange city FL 32763  
City/State and Zip Code

amohe.21@gmail.com  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FL 32303

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For further information concerning this matter, please call:

Isabel A. Morales at (408) 648-3034  
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 checked="" type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input 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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Amohe 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 4/12/2018 and assigned  
Florida document number L1800092873 Reinstated on 10/28/2020

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)

1435 S. Leavitt Ave  
103  
Orange city FL 32763

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1435 S. Leavitt Ave  
103  
Orange city FL 32763

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:

Isabel Ana Morales-Herrera

New Registered Office Address:

1435 S. Leavitt Ave, 103

Enter Florida street address

Orange city Florida 32763

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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MGR	Isabel Ana Morales	1435 S leavitt Ave	<input checked="" type="checkbox"/> Add
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AMBR	Orange city, FL	32763	<input type="checkbox"/> Remove
------	-----------------	-------	---------------------------------

☐ Change

☐ Add

MGR	Luisa Morales Herrera		<input checked="" type="checkbox"/> Remove
-----	-----------------------	--	--

AMBR	1065 S. Volusia Ave E5		<input checked="" type="checkbox"/> Change
	Orange city FL	32763	

☐ Add

MGR	Ana Luisa Morales Herrera		<input checked="" type="checkbox"/> Remove
-----	---------------------------	--	--

AMBR	1065 S. Volusia Ave 10+E5		<input checked="" type="checkbox"/> Change
	Orange city FL	32763	

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

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☐ Add

☐ Remove

☐ Change

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

My name was changed by court judge.  
I need to change the name on the  
manager and authorized manager  
for my new name.  
From ~~Ana Luisa Morales Herrera~~  
~~Luisa Morales Herrera~~  
TO: Isabel Ana Morales Herrera.

please see documentation of  
court ordered name change on  
my legal documents.  
thanks

E. Effective date, if other than the date of filing: 07/12/2022 (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 85.0207 (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 07/12/2022

Signature of a member or authorized representative of a member

Luisa Morales Herrera  
Typed or printed name of signer

2022 JUL 18 AM 10:58  
SECRETARY OF STATE

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