

L18 000107301

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

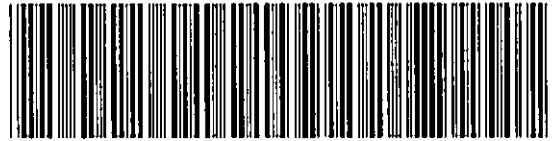
(Business Entity Name)

(Document Number)

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05/19/20--01007--013 **25.00

2020-05-19 12:57

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: HADARAH INTERNATIONAL GROUP 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:

Mirtha Valdes

Name of Person

Firm/Company

8215 SW 72 AVE SUITE 1214

Address

MIAMI, FL 33143

City/State and Zip Code

MVALDES@HADARAH.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MIRTHA VALDES

786 238-0057
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing 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)

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**

HADARAH INTERNATIONAL GROUP 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 FLORIDA and assigned
Florida document number L18000107301.

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:

7535 N KENDALL DRIVE

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33156

Enter new mailing address, if applicable:

8215 SW 72 AVE SUITE 1214

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33143

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:

MIRTHA VALDES

New Registered Office Address:

8215 SW 72 AVE SUITE 1214

Enter Florida street address

MIAMI

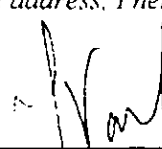
City

Florida 33143

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>
MGR	MIRTHA VALDES	8215 SW 72 AVE SUITE 1214	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33143	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARTA DIAZ	8215 SW 72 AVE SUITE 1214	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33143	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LEOSMARY Mesa Galvez	8215 SW 72 AVE SUITE 1214	<input type="checkbox"/> Add
		MIAMI, FL 33143	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JORGE MESA	8215 SW 72 AVE SUITE 1214	<input type="checkbox"/> Add
		MIAMI, FL 33143	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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.

Signature of a member or authorized representative of a member

Minthya Valdes
Typed or printed name of signee

Filing Fee: \$25.00