## L18000123670

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UVISION OF COM GIVATION

N COOPER JUN 22 2018 I AM HECTOR C. ROJAS AND I HAVE

FILLED THIS AMENDMENT TO ADD ANGELADIA

AS ONE OF THE MANAGERS WITH HE IN

THE LLC. HCR MULTISERVICES LLC."

I CAN BE REACHED @ 407-219-0625

HECTOR C. ROJAS.



## **COVER LETTER**

TO:	Registration So Division of Cou				
SURIE	CCT:	HCR	Multiservices LLC.		
SOBJE		<del></del>	nited Liability Company		
The end	closed Articles of	Amendment and fee(s) are sub-	unitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
		Hector Rojas			
		<del></del>	Name of Person		
	HCR Multiservices LLC.				
		<del></del>	Firm/Company	<del></del>	
		2550 North John Young	Pkwy.		
			Address	<del></del>	
		Kissimmee FI, 34741			
SUBJECT  The enclos  Please retu  For further  Hector C F			City/State and Zip Code	<del></del>	
		Hectorcediel@hotmail.co			
		E-mail address: (	to be used for future annual report notific	cation)	
For furt	her information co	oncerning this matter, please ca	all:		
Hector	C Rojas		407 219-0625		
	Name of	Person	at () Area Code Daytime	Telephone Number	
Enclose	d is a check for th	e 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HCR MULTISERVICES	S LLC.		
( <u>Name of the Limited Liability Company as</u> (A Florida Limited Liabil	it now appears on our records.) ity Company)		
The Articles of Organization for this Limited Liability Company were	_ and assigned		
Florida document numberL18000123670			
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 Co	ompany," the designation "LLC" or the abbrev	viation "L.L.	<u>.@</u>
Enter new principal offices address, if applicable:		<b>6</b> 5	11S17 23S
(Principal office address MUST BE A STREET ADDRESS)		<del></del>	- <del></del>
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		ين دنې	<u></u> 동원
Enter new mailing address, if applicable:	<del></del>	 <del></del>	<u> </u>
(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	f the ne
registered agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address	<u> </u>	
	, Florida		
		Zin 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>	Address	Type of Action
MGR	ANGELA DIAZ	29-34 Bell Bvd.	<b>⊒</b> Add
		Bayside . NY. 11360	
			Change
			Add
			□ Remove
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