# 118000125904

(R	Requestor's Name)	
(A	ddress)	
(A	ddress)	
(C	City/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Nam	ne)
(C	Occument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	o Filing Officer:	

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### **COVER LETTER**

TO:	Registration Se Division of Cor			
45448 11		I CONSULTING LLC		
SUBJI	ECI:	Name of Lim	ited Liability Company	
The en	iclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		ESTEBAN PACHON		
		<u> </u>	Name of Person	
		HIROGARI CONSULTIN	NG LLC	
			Firm/Company	
		950 BRICKELL BAY DR	• •	
			Address	
		MIAMI / FLORIDA 3313	1	
		espachon@gmail.com	City/State and Zip Code	
		E-mail address; (	to be used for future annual report notifi	cation)
For fur	rther information co	oncerning this matter, please c	all:	
Esteb	an Pachon		786 8563443	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	ne following amount:		
□ \$2	5.00 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



#### HIROGARI CONSULTING 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 05/18/18	and assigned
Florida document number L18000125904	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
HIROGARI LLC		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	<del></del>
(Principal office address MUST BE A STREET ADI	DRESS)	
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 nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u> </u>
	Fla	orida
	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>	Type of Action
MGR	ESTEBAN PACHON	250 NE 25 ST APT 508 MIAMI FLORIDA 33137	
	-		☐ Remove
			☐ Change
			□ Remove
<del></del>			
			□ Remove
			□ Change
			□ Add
			□ Remove
			Change
			Add
			Remove
			Change
			Remove
			☐ Change

To engage, in conduct and ca	arry on the business of buying, selling	ng, distributing, marketing at
wholesale or retail in so far as	s may be permitted by law all kind o	f goods, commodities, wares and
merchandise of every kind an	nd description; to enter into all kinds	of contracts for the export,
import, purchase, aquisition, s	sale at wholesale or retail and other	r dispositions for its own account
as principal or representative	capacity as manufacturing represe	ntatives, merchandise broker,
indentor, comission merchant	t, factors or agents upon consignme	ent of all kinds of goods, wares,
merchandise or product whet	her natural or artifcial.	
To provide proffesional advice	e to individuals and organizations.	
tive date, if other than the date offective date is listed, the date must be: If the date inserted in this block ment's effective date on the Department.	e specific and cannot be prior to date of filink does not meet the applicable statutory	(optional)  g or more than 90 days after filing.) Pursuant to 60 y filing requirements, this date will not be lis
ecord specifies a delayed e e 90th day after the recor	effective date, but not an effect d is filed.	tive time, at 12:01 a.m. on the earl
e 90th day after the recor	effective date, but not an effect d is filed.	tive time, at 12:01 a.m. on the earl $\vec{\sigma}$
e 90th day after the recor	d is filed.	_ <b>_</b>
e 90th day after the recor	d is filed.	18 SEP

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Filing Fee: \$25.00