7/10/2018

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.

(((H18000200698 3)))



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 : LARSON ACCOUNTING AND CONSULTING SERVICES.LLC

Account Number : I20160000067

Phone : (407)370-3686

Fax Number

: (407)370-3120

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

PRIVATE @ LARSONACC. COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN H & M PART LLC

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\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

O: Registration Se Division of Co	ection rporations		
н&мРА			
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fec(s) are subm	nitted for filing.	
Please return all corresp	ondence concerning this matter to	o the following:	
	CAROLINE LARSON		
		Name of Person	
	LARSON ACCOUNTING	GROUP	
		Firm/Company	
		Address	
	ORLANDO FL 32819		
		City/State and Zip Code	
	PRIVATE@LARSONACC	to be used for future annual report notifi	cation)
For further information	concerning this matter, please ca		
CAROLINE LARSON		407 3703686	
Name	e of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for	r 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/COURIER ADDRESS: Registration Section

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H & M PART LLC	
(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Liability Company were filed on 07/ Florida document number L18000161342	02/2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company he	<u>:re</u> :
The new name must be distinguishable and contain the words "Limited Liability Company," the d	esignation "LLC" or the abbreviation "L.L.C."
The new name must be distinguishable and combin the words	
Enter new principal offices address, if applicable:	di:
(Principal office address MUST BE A STREET ADDRESS)	
	Dag!
	19 19 19
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 or registered agent and/or the new registered office address here:	n our records, enter the name of the ne
Name of New Registered Agent:	
New Registered Office Address: Enter Flo	orida street address
	, Florida
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

Title	<u>Name</u>	Address	Type of Action
AMBR	Arthur Brunno Vilela Silva	AV BOA VIAGEM 2080 APTO 301	
		RECIFE PE 51111-000 BR	□ Remove
			■ Change
			D Add
	 -		🖸 Remove
			Change
			D Add
			□ Remove
			Change
_			D Add
- 			Remove
			☐ Change
			Remove
			_ Change
			Remove
			Change

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Effective date, If other than the date of fillings [If an effective date is listed, the date must be specific and cannot be prior to date of filing or more Notes: If the date inserted in this block does not meet the applicable statutory filling document's effective date on the Department of State's records.	(uptional) re than 90 days after filing.) Pursuen requirements, this date with not	t to 605.020 be listed as
the record specifies a delayed effective date, but not an effective the The 90th day after the record is filed.	me, at 12:01 a.m. on the	earlier o
Dated $\frac{7-9-18}{}$.		
Mus Bulles 11 like Signature of a member or authorized representative	ſ.,	

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