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(Requestor's Name)
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(Address)
(identities)
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,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:	Registration Sec Division of Cor			
		LLO SERVICES, LLC		
SUBJI	ECT:	Name of Limi	ited Liability Company	
The en	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		ERIDANIA GRILLO		
			Name of Person	
		H & E GRILLO SERVICE	ES, LLC	
			Firm/Company	
		19406 NW 54TH PL, UNI	T 19406	
			Address	
		MIAMI GARDENS, FL 33	3055	
		eridaniagrillo@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	cation)
For fu	rther information co	oncerning this matter, please co	all:	
ERID	ANIA GRILLO		239 223-3884	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclos	sed is a check for th	ne following amount:		
	25.00 Filing Fee	S30.00 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:

• . .

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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.

H & E GRILLO SERVICES, LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our recor Liability Company)	<u>ds.</u>)
he Articles of Organization for this Limited Liability Company	were filed on 08/24/2018	and assigned
orida document numberL18000203648		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	oility company here:	
ne new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLo	C" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		
		1 P
nter new mailing address, if applicable:		P a mana
Aailing address MAY BE A POST OFFICE BOX)		<u> </u>
		45
. If amending the registered agent and/or registered o egistered agent and/or the new registered office address her		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	
	r,nier r ioriaa sireel aaare	35
		lorida
	City	гір Соае

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
OWNER	ERIDANIA GRILLO	19406 NW 54TH PL, UNIT 19406, MIAMI GARDENS, FL	_ Add
			☐ Remove
			☐ Change
			□ Add
			□ Remove
			Change
			Rad T
			□:Remover
			Remove
			□ Change
			Add
			☐ Remove
			☐ Change
			□ Add
			☐ Remove
			Change

					
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ective date, if other than the da	ite of filing:		(0	ptional)	
n effective date is listed, the date must be te: If the date inserted in this block	e specific and cannot be pri	or to date of filing	or more than 90 days	after filing.) Pure	suant to 605.0. not be listed
cument's effective date on the Department			9		
record specifies a delayed e he 90th day after the record	ffective date, but r d is filed.	ot an effectiv	ve time, at 12:0	11 a.m. on t	he earlier
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ed SEPTEMBER 24	2018	/\:	Mol		
		(L) (Y			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00