To:

Page 2 of 7

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CUBATAX & TRAVEL INC

Account Number : I20180000100

: (813)493-0199

Phone Fax Number

: (813)354-2432

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

HERRERA HOME SOLUTIONS.LLC

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FEB 2 1 2020

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Corporate Filing Menu

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## **COVER LETTER**

TO:	Registration Sect Division of Corpo	ion orations		
		OME SOLUTIONS LLC		
SUBJECT: Name of Limited Limbility Company .				
The ene	losed Articles of A	mendment and fec(s) are subm	itted for filing.	
Please n	eturn all correspon	dence concerning this matter to	the following:	
		JORGE HERRERA		
			Name of Person	
			Firm/Company	
		7205 N CHURCH AVE		
		TAMPA, FL 33614	Addiess	
			City/State and Zip Code	
		E-mail address: (t	o be used for future annual report not	fication)
For lur	ther information c	oncerning this matter, please ca	ill:	
JORG	E HERRERA		at () 4930199 at ()	W. C. L. Strocker
	Name o	f Person	Area Code Dayun	se receptione remove
Enclos	sed is a check for the	ne following amount:		
€ 52	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	[] \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>S60.00 Filing Fee.</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>tadditional copy is enclosed)</li> </ul>

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HERRERA HOME SOLUTIONS.LLC	it non appears on our records.)			
(Name of the Limited Liability Company as (A Florida Limited Liability)	ty Company)			
The Articles of Organization for this Limited Liability Company were	c filed on 09/07/2018	unc	i assignec	i
Florida document number 1.18000213938				
This ancedenent 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 C	ompany," the designation "LLC" or the	abbreviatio	n "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)		<del></del>		
		7.0		
<del>-</del>			1020 FE	
		<b>2</b> 2	83.	7)
Enter new mailing address, if applicable:			$\sim$	
(Mailing address MAY BE A POST OFFICE BOX)				1
			<u> </u>	II:
		=	; =	
B. If amending the registered agent and/or registered office add	ress on our records, enter the n	ame of th	<u>e new re</u>	<u>gistere</u>
agent and/or the new registered office address here:		1	2	
Name of New Registered Agent:		<del></del>		gain, a sia na mana an
New Registered Office Address:	77			
	Enter Florida street address			
	, Florida		Code	
	City	Z.1p	t iOQf	

## 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person, heing added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u> Fitte</u>	Name	Address	Type of Action
			□Reniove
			□Change
			□Add
			Change
			Z Add
			□Remove
			□ Change
			□Add
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		and the second s	©Add
			□Remove
			⊡Change —
	Note that the state of the stat		
			□Кетюче
			□Change

Typed or printed name of signee