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COVER LETTER.

TO: Re Di	gistration Sect vision of Corpo	ion orations			
		EZ ENTERPRISE SERIVCES.	l.I.C		
SUBJECT:		Name of Limite	ed Liability Company		
The enclose	ed Articles of A	mendment and fee(s) are subm	nitted for filing.		
Please retu	rn all correspon	dence concerning this matter to	o the following:		
		HUMBERTO A HERNAN	DEZ PEREZ	TA C	
			Name of Person		7
		HERNANDEZ ENTERPRI	SE SERIVCES, LLC	TALLAMASSES	ī
			Firm/Company	JSE -	1
		14725 NW 10TH CT			1
			Address	FLERAL 7 20	,
		MIAMI, FL 33168		<i>₽</i>	,
			City/State and Zip Code		
		HUMBEHP@GMAIL.CON		· · · · · · · · · · · · · · · · · · ·	
		E-mail address: (t	o be used for future annual report notifica	tion)	
For further	r information co	oncerning this matter, please ca	ili:		
HUMBERTO A HERNANDEZ PEREZ		305 300-4933			
	Name of	i Person	Area Code Daytime T	elephone Number	
Enclosed	is a check for th	ne following amount:			
□ S25.0	0 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)	
	Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIED Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HERNANDEZ ENTERPRISE SERIVCES, LLC	<u> </u>	
(Name of the Limited Liability Compan (A Florida Limited L.	y as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
HERNANDEZ ENTERPRISE SERVICES, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company." the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		ALLE AND T
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		ARY OF STATE OF BOARDA
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our records, <u>ent</u> <u>e</u> :	er the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			Change
			Add
			□ Remove
			Change
			Add
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Effective date, if other than the office of the date is listed, the date in Note: If the date inserted in this bedocument's effective date on the light	ust be specific and o block does not me	cannot be prior to cet the applicab	date of filing or mo le statutory filing	(option than 90 days after requirements, this	filing.) Pursuant to 605	5.0207 (ed as t
he record specifies a delaye The 90th day after the re	ed effective da cord is filed.	ate, but not	an effective ti	me, at 12:01 a	.m. on the earli	er of:

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00