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(Requestor's Name)	
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PICK-UP WAIT MAIL	Ū4,
(Business Entity Name)	
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Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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I ALBRITTON

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Fersh Capital LLC
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Dele Herson  Name of Person
Razilience LLC
Firm/Company
Loci locaridae Rd Address
Miami, FL 33133
City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Dale Herselvitz at (Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status    S30.00 Filing Fee & Certified Copy (additional copy is enclosed)   Certified
MAILING ADDRESS:  STREET/COURIER ADDRESS:  Designation Sention
Registration Section Registration Section Division of Corporations Division of Corporations
P.O. Box 6327  Tallahassee, FL 32314  Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE **Division of Corporations** 

March 18, 2019

DALE HERSOWITZ 4001 WOODRIGE RD MIAMI, FL 33133

SUBJECT: HERSH CAPITAL LLC Ref. Number: L18000263302

We have received your document for HERSH CAPITAL LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Profit Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 419A00005324

ARTICLES OF A	AMENDMENT O
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Hersh Cap	AMENDMENT O CONTROL OF THE STATE OF THE STAT
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.)  Jability Company)
The Articles of Organization for this Limited Liability Company Florida document number \(\bigcup \frac{1}{8} \)	were filed on $\frac{11/69/2018}{2018}$ 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:
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:	5020 SV 15 St
(Principal office address MUST BE A STREET ADDRESS)	Miami, +L 33143
Enter new mailing address, if applicable:	5020 mm sl 75th st
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33143
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address: 502	Enter Florida street address
tions	22/42

## 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>		Address	Type of Action
MGR	Da/6	Herselvitz	5020 Sh 75th 5th Miami, FL 33143	∟ □ Add
			Miami, FL 33143	<u>&gt;</u> □ Remove
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m effe ote:	ive date, if other than the date of filing:  (optional)  ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ited <sub>-</sub>	April 5 12019.
	Signature of a member or authorized representative of a member    Compared to the compared of signee   Compared to the compare

Page 3 of 3

Filing Fee: \$25.00