L19000006817

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(Red	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to I	Filing Officer:	





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COVER LETTER

D: Registration Section
Division of Corporations

FHP INTERNATIONAL LLC.

SUBJECT:

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:

Name of Person
FHP INTERNATIONAL LLC.
 Firm/Company
10690 SW 24TH ST
 Address
MIAMI, FL 33165
 City/State and Zip Code
richardhernandez430@yahoo.com

For further information concerning this matter, please call:

RICHARD HERNANDEZ PERERA 786 973-5657

at (______)

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FHP INTERNATION	AL LLC	
(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our red Liability Company)	records.)
The Articles of Organization for this Limited Liability Compa Florida document numberL19000006817	ny were filed on 01/09/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
N/A		
he new name must be distinguishable and contain the words "Limited Li	ability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	11005 S	W 43RD TER
Principal office address MUST BE A STREET ADDRESS	MIAMI	, FL 33165
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	N/A	TILED PROPERTY.
B. If amending the registered agent and/or registered registered agent and/or the new registered office address b		cords, enter the name of the
Name of New Registered Agent:	N/A	
New Registered Office Address:	N/A	
	Enter Florida 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			
<u>Title</u>	<u>Name</u>	Address	Type of Action	
				
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ve date, if other than the date of filing:	(optional)
ective due is listed, the date must be specific and cannot be prior to date of the date inserted in this block does not meet the applicable state.	of filing or more than 90 days after filing.) Pursuant to 60: itutory filing requirements, this date will not be list
ent's effective date on the Department of State's records.	
ord specifies a delayed effective date, but not an e	effective time, at 12:01 a.m. on the earli
90th day after the record is filed.	
74/ /2 /4	
x 04/01/2019.	
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Typed or printed name of signee

Filing Fee: \$25.00