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R. WHITE
JAN 0 9 2020

ro: Registration Section **Division of Corporations**

SUBJECT:		HERNANDEZ, LLC					
, object.		Name of Limi	ted Liability Company				
The enclosed	d Articles of Ai	mendment and fec(s) are sub-	nitted for filing.				
Please return	n all correspone	dence concerning this matter	to the following:				
		EMANUEL HERNANDEZ	<u>′</u>				
			Name of Person	· · · · · · · · · · · · · · · · · · ·			
		EMANUEL HERNANDEZ	Z. LLC				
		Firm/Company					
		8539 BAY LILLY LOOP					
		Address					
		KISSIMMEE, FL 34747					
			City/State and Zip Code				
		CANDAEXPENSES@GM/		4: 8'i)			
			o be used for future annual report no	unication)			
or further i	nformation con	cerning this matter, please ca	ill:				
NTONIO	COA		561 814-4558 at ()				
	Name of F	Person		me Telephone Number			
iclosed is	a check for the	following amount:					
■ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)			
Ma	illing Address		Street Address				

Mailing Address: Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

EMANUEL HERNANDEZ, LLC	2015 D - 2 PH 1: 1:0
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liability lorida document number L19000034987	y Company were filed on FEBRUARY 04, 2019 and assigned and assigned
his amendment is submitted to amend the following	ŗ.
a. If amending name, enter the new name of the l	limited liability company here:
he new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET AD	DDRESS)
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
. If amending the registered agent and/or registerent and/or the new registered office address her	ered office address on our records, enter the name of the new registered e:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida

w Registered Agent's Signature, if changing Registered Agent:

ereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and zept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 'ng filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability npany 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>	<u>Address</u>	Type of Action
AMBR	HERNANDEZ, EMANUEL	8539 BAY LILLY LOOP	
		KISSIMMEE, FL 34747	■Remove
			□ Change
AR	COA. ANTONIO	8539 BAY LILLY LOOP	□Add
		KISSIMMEE, FL 34747	Remove
4GR	YOHANNA CADENAS	8539 BAY LILLY LOOP	= Add
		KISSIMMEE, FL 34747	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			☐ Change
			□ Add
			□Remove
			Change

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n ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an ef Note:	ive date, if other than the date of filing:
docun	ent's effective date on the Department of State's records.
	tord 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.
D . 1	NOVEMBER 24 2019
Dated	A D
	Signature of a member of authorized representative of a member

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