18887728108 From Mike Natarus

Division of Corporations **Electronic Filing Cover Sheet**

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(((H190001918893)))



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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HERRAYA H4S LLC

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2019-06-19 17 40 07 (GMT)

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| HERRAYA H4S LLC | | | | |
|--|---|---------------|------------|----------|
| (<u>Name of the Limited Liability Comp</u> (A Florida Limited | nany as it now appears on our records. [Liability Company] |) | | |
| The Articles of Organization for this Limited Liability Compan | | 1. | and assig | med i |
| Florida document number 1.19000096989 | | | | |
| This amendment is submitted to amend the following: | | ::. | -5 -5, | |
| A. If amending name, enter the new name of the limited lia | hility company here: | | , | ` |
| The new name must be distinguishable and contain the words "Limited Liab | oility Company," the designation "LLC" | or the abbrev | intion "EL | .C." |
| (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: | | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | | |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address be | | enter the | name o | f the no |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | Enter Florada sweet address | | | |
| | Flor | ida | | |
| | City | | Zap 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 hability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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2019-06-19 17.40 07 (GMT)

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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> | Name | Address | Type of Action |
|--------------|----------------|-----------------|----------------|
| MGR | ARAYA, MARIA P | 6809 MENTONE ST | □ Add |
| | | MIAMI, FL 33146 | □ Remove |
| | | | © Change → |
| | | | Aud |
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| . If smending any other information, enter change(s) here: (Attach additional sheets, if necessary.) | |
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| E. Effective date, if other than the date of filing: (than effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant so Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records. | 605.0207 (3)/b) listed as the |
| if the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea (b) The 90th day after the record is filed. | rlier of: |
| Dated JUNE 18 2019 | |
| Menson | - |
| Signature of a member or authorized representative of a member CLAUDIO F HERRERA | |
| Typed or printed online of leigniee | - |

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