

LI9000 111325

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

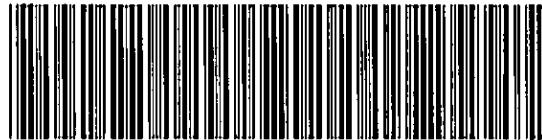
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200329275332

05/14/19--01019--031 \*\*25.00

2019 MAY 14 PM 3:55

Amend  
Name Chg

MAY 29 2019

LA BRITTON

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** HWS HOLDINGS 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:

ANDRES OSPINA RIVERA

\_\_\_\_\_  
Name of Person

N/A

\_\_\_\_\_  
Firm/Company

1245 CATALPA LANE

\_\_\_\_\_  
Address

ORLANDO FL 32806

\_\_\_\_\_  
City/State and Zip Code

andresrealestatepro@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDRES OSPINA RIVERA

321 821-8446  
at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

\_\_\_\_\_ and assigned \_\_\_\_\_

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

Page 1 of 3

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>      | <u>Type of Action</u>                      |
|--------------|--------------------------|---------------------|--|
| MGR          | ANDRES OSPINA RIVERA LLC | 1245 CATALPA LANE   | <input type="checkbox"/> Add               |
|              |                          | ORLANDO, FL 32806   | <input checked="" type="checkbox"/> Remove |
|              |                          |                     | <input type="checkbox"/> Change            |
| MGR          | ANDRES OSPINA RIVERA     | 1245 CATALPA LANE   | <input checked="" type="checkbox"/> Add    |
|              |                          | ORLANDO, FL 32806   | <input type="checkbox"/> Remove            |
|              |                          |                     | <input type="checkbox"/> Change            |
| MGR          | IRA ELIA                 | 1673 UTICA TRAIL    | <input type="checkbox"/> Add               |
|              |                          | LAKE MARY, FL 32746 | <input checked="" type="checkbox"/> Remove |
|              |                          |                     | <input type="checkbox"/> Change            |
| MGR          | IRA ELIAS                | 1673 UTICA TRAIL    | <input checked="" type="checkbox"/> Add    |
|              |                          | LAKE MARY FL, 32746 | <input type="checkbox"/> Remove            |
|              |                          |                     | <input type="checkbox"/> Change            |
|              |                          |                     | <input type="checkbox"/> Add               |
|              |                          |                     | <input type="checkbox"/> Remove            |
|              |                          |                     | <input type="checkbox"/> Change            |
|              |                          |                     | <input type="checkbox"/> Add               |
|              |                          |                     | <input type="checkbox"/> Remove            |
|              |                          |                     | <input type="checkbox"/> Change            |

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

1. Please Change the name to "HWS HOLDING" (Remove the S)

2. Remove the Manager "ANDRES OSPINA RIVERA LLC"

3. Add the Manager "ANDRES OSPINA RIVERA"

4. Include the EIN Number 83-4631681

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

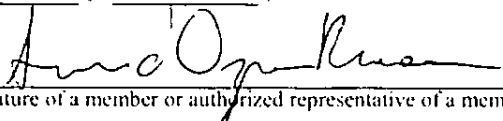
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated MAY 03 2019

  
Signature of a member or authorized representative of a member

ANDRES OSPINA RIVERA

Typed or printed name of signee