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| TO: | Registration Section |
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| | Division of Corporations |

Walter Duran Hernandez, LLC

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Name of Limited Liability Company

| The enclosed | l Articles of a | Amendment a | ind lee(s) | are submitted | for filing. |
|--------------|-----------------|-------------|------------|---------------|-------------|
|--------------|-----------------|-------------|------------|---------------|-------------|

Please return all correspondence concerning this matter to the following:

Walter Duran

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Name of Person

Walter Duran Hernandez, LLC

Firm/Company

18210 Mediterranean BLVD 2008

Address

Hialeah, FL 33015

City/State and Zip Code

Candaexpense@gmail.com

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

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

S30.00 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

Walter Duran Hernandez, LLC

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

| The Articles of Organization for this Limited Liability Company were filed on Mayo 13, 2019 | ⁹ and assigned |
|---|---------------------------|
| Florida document number L19000129430 | |

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(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 offic | e address+on our | records, ent | er the na | u Ju metof | the_new |
|---|------------------|--------------|---------------|------------------|----------------------------|
| registered agent and/or the new registered office address here: | | | 調査 | <u>-</u> | 1 444 - 4 b 3 7 7 |
| Name of New Registered Agent: | | | <u>ب</u> ب | PK | |
| New Registered Office Address: | | | | | <u> </u> |

Enter Florida street address

. Florida _____ Zip Code

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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.

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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

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| Title | <u>Name</u> | Address | Type of Action |
|-------|--------------------|-------------------------------|----------------|
| MGR | Anibal da Graea | 18210 Mediterranean BLVD 2008 | 🗖 Add |
| | | Hialeah, FL 33015 | |
| | | | Remove |
| | | | Change |
| MGR | Yazceminne Perdomo | 18210 Mediterranean BLVD 2008 | 🖸 Add |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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 31 2019 Walk Dr. May Signature of a member or authorized representative of a member

Walter Duran

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00