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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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2021 DEC 20 PH 12: 00 SECRETARY OF STATE FALL AHASSEE, FOR

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021 DEC 20 PM 12: 0

COVER LETTER

TO: Registration S Division of Co		3	
SUBJECT:	Hernande	z Agency L.L.C.	•
Substitution of the substi	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		Sonia Becerra	
		Name of Person	
		Swyft Filings	
		Firm/Company	
		3 Greenway Plaza #13	20
		Address	·
		Houston, TX 77046	
		City/State and Zip Code	
		oher@hernandez-ag	
For further information	concerning this matter, please of		port nonnearony
Sonia Becerra		at ()	777-0450
Name	of Person	Area Code	Daytime Telephone Number
Enclosed is a check for	the following amount:		
S \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclass)	Certificate of Status &
Mailing Addr Registration		Street Ad Registra	dress: tion Section
Division of	Corporations	Division	of Corporations
P.O. Box 63 Tallahassee.			tre of Tallahassee Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Hernar	ndez Age	ncy L.L.C.	2021 DEC 20	PM 12: 00			
(Name of the Limited Liabi (A Florid	~	•	on our leores I ARY TALL ATTAGSE	0F 317 E. F. (A) C A			
. The Articles of Organization for this Limited Liability (Company v	were filed on	05/30/2019	and assigned			
Florida document numberL19000144645	·						
This amendment is submitted to amend the following:							
A. If amending name, enter the new name of the lin	nited <u>liabi</u>	lity company bei	<u>re</u> :				
	· 1 · 1 · 1 · 1	. () ".451.	visuation 11 1 C" or the	abbreviation "L.C."			
The new name must be distinguishable and contain the words "Li	mited Liabili	ty Company, the de	signation T.E.C. or the	anoreviation 12.12.C.			
Enter new principal offices address, if applicable:		1205 Von Phister Street					
(Principal office address MUST BE A STREET ADD	RESS)	Key West, Fl	_33040				
			<u></u>				
Enter new mailing address, if applicable:		1 <u>205 Von Phi</u>	ster Street				
(Mailing address MAY BE A POST OFFICE BOX)		Key West, F	L 33040				
			<u> </u>				
B. If amending the registered agent and/or register agent and/or the new registered office address here:		ddress on our re	cords, <u>enter the na</u>	me of the new registered			
Name of New Registered Agent:							
New Registered Office Address:	205	VON P Enter Flori	da street address	Street			
K	ey_	West City	, Florida _	33040 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 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
			□Add
			Remove
			Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
			□ Remove
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effective d	late is listed, date inserte	the date must d in this blo	date of filit to be specific a ock does no epartment of	and cannot b t meet the	applicable	ate of filing or statutory fil	more than 9 ing require	(option Odays after finents, this o	ling.) Pursuan	t to 605.020 be listed a
cord speci filed.	ifies a delay	ed effective	e date, but n	iot an effe	ctive time,	at 12:01 a.m	ı. on the ea	rlier of: (b)	The 90th d	ay after th
ed	2-	.7_		- <u>'</u>	2021 -					
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