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COVER LETTER

Division of Cor	porations 🗻	•	
HUEQUIM	IEY, LLC	•	
SUBJECT:	Name of Lim	ited Liability Company	
he enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	DANIEL MORANDE CO)NCHA	
		Name of Person	
	HUEQUIMEY, LLC		
		Firm/Company	
	16385 BISCAYNE BLVI), APT. 705	
		Address	
	NORTH MIAMI BEACH	, FL 33160	
		City/State and Zip Code	
	danielmorande@gmail.com		
	E-mail address; (to be used for future annual report notif	ication)
for further information c	oncerning this matter, please c	all:	
DANIEL MORANDE C	ONCHA	305 631-6666	
Name o	f Person	at () Area Code Daytime	: Telephone Number
inclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 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		Straat Address	

Mailing Address:

TO:

Registration Section

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

HUEQUIMEY, LLC

. 7. \$ -- ^ F.142: 53

(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 $\frac{06/12/2019}{1}$ and assigned Florida document number | L19000156100 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," N'AEnter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: DANIEL MORANDE CONCHA Name of New Registered Agent: 16385 BISCAYNE BLVD, APT, 705 New Registered Office Address: Enter Florida street address ____. Florida 33160 Ziv Code NORTH MIAMI BEACH Cin

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 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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<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	DANIEL MORANDE CONCHA	16385 BISCAYNE BLVD, APT, 705	= Add
		NORTH MIAMI BEACH, FL 33160	
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	"
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	ve time, at 12:01 a.m. on the earlier of; (b). The 90th day after the
is filed.	
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Signature of America of	authorized representative of a member
The state of the s	-1
DANIEL MORANDE CONCHA	

Filing Fee: \$25.00