

L19000305803

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : HENDRY, STONER & BROWN, P.A.  
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Email Address: generalmanager@fhplus.us

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
FH PLUS HOLDING USA LLC

Certificate of Status	0
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stmt of correction

JAN 24 2020

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2020 JAN 23 PM 3:49  
TALLAHASSEE, FLORIDA

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**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

uant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

**ST:** The name of the limited liability company is: FH PLUS HOLDING USA LLC

**OND:** The Florida Document number of the limited liability company is: 119000305803

**RD:** Document to be corrected is: ARTICLES OF ORGANIZATION

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Article IV incorrectly names the Authorized Member ("AMBR") as HECTOR E. ARIZA.

The correct member is FH PLUS INC. The corrected statement is that the Authorized Member ("AMBR") is

FH PLUS INC., 9777 S. Orange Blossom TR #21, Orlando, FL 32837.

**OR**

Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**

The electronic transmission of the record was defective.

  
Signature of Authorized Representative

JAN. 23, 2020  
Date

ature of new registered agent, if applicable :( NOTE: if correcting the registered agent, the new registered agent must sign  
oting the designation).

**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  
visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the  
ations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely  
ct a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing  
is change.*

\_\_\_\_\_  
Registered Agent's Signature

**Filing Fee:** \$25.00  
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