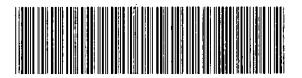
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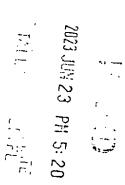
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PICK-UP WAIT MAIL
(Business Entity Name)
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C/0 8/8/2013

## **COVER LETTER**

TO: Registration Section Division of Corporations		•
SUBJECT: RHS	of Limited Liability Company	<u> </u>
The enclosed Articles of Amendment and fee(s) a	are submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
	Rudy Pedreira	<del>-</del>
R	HSP415LL	
4300 U	J. Lake Mary B	lud#1010-243
lake b	City/State and Zip Code  Out Dission Ac  dress: (to be used for future annual report no	f6
He-mail ad	dress: (to be used for future annual report no	C. Compification)
For further information concerning this matter, pl	lease call:	
Rudy Pedveira Name of Person	at ( <u>Q.12</u> ) <u>393</u> Area Code Dayti	-360/ ime Telephone Number
Enclosed is a check for the following amount:		
\$25.00 Filing Fee Contificate of Sta	& S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address	

Mailing Address:
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

R	HSP 4	415 Li	LC	2023 JUN 23 PM	5: 20
(Name of the Lim	ited Liability Compan (A Florida Limited Li	y as it now appea ability Company)	rs on our records.)		19.75
The Articles of Organization for this Limited I	Liability Company v	were filed on <u> </u>	2 24/20	○○○ and assigned	o FL
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited liabil	ity company h	ere:		
The new name must be distinguishable and contain the Enter new principal offices address, if appli	cable:	ty Company," the o	lesignation "LLC" or t	he abbreviation "L.L.C."	_ _ _
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE	<u> </u>				
B. If amending the registered agent and/or agent and/or the new registered office addr		ddress on our r	ecords, enter the	name of the new regis	tered
Name of New Registered Agent:	Har	mah	Pedreir	- W	_
New Registered Office Address:	4300 W	Lake	Mary P	16 HO #101	2-243
	Lakey	e Marc City	, Florid	a 32746_ 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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
Mgr	Hannah Pedreir	a 4300 w. Lake Mary.	Bluedad
Ū		- Cane many pe 32 1 16	□Remove
			Change
<u>Mgr</u>	Henny Pedreira		□Add
·	1		Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
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Note:	ive date, if other than the date of filing:  (optional) ective 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 ( If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
ne recor	d 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 led.
Dated	Signature of a member or authorized representative of a member
	Typed or printed name of signer

Filing Fee: \$25.00