

L700000 9/16/19

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

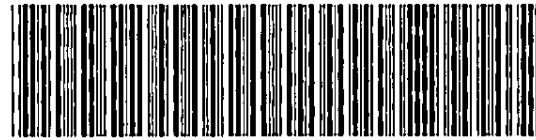
(Business Entity Name)

(Document Number)

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09/15/20--01025--015 \*\*25.00

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
AND FINANCIAL SERVICES  
TALLAHASSEE, FLORIDA

2020 OCT 30 AM 10:00

FILED

OCT 30 2020

S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 24, 2020

JEFFREY HERMAN  
1 HERMAN LAW  
1800 N MILITARY TRAIL STE 160  
BOCA RATON, FL 33431

SUBJECT: HSHERM, LLC  
Ref. Number: L20000094619

We have received your document for HSHERM, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A VOLUNTARY DISSOLUTION WAS FILED ON 7/14/20, SO YOU MUST DO AN REVOCATION OF DISSOLUTION

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia S Young  
Regulatory Specialist II

Letter Number: 520A00021117

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HSHERM, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jeffrey Herman  
Name of Person

Herman Law  
Firm/Company

1800 N. Military Trail, Suite 160  
Address

Boca Raton, FL 33431  
City/State and Zip Code

jherman@hermanlaw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Daniels  
Name of Person

305 931-2200  
Area Code Daytime Telephone Number

at ( )

Enclosed is a check for the 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:**  
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**

HSHERM, 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 April 1, 2020  
Florida document number 120000094619

FILED  
2020 OCT 30 AM 10:01  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF  
DADE, FLORIDA

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 "L.L.C."

**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 office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

Florida

*City*

*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>	<u>Type of Action</u>
AMBR	RKDG, LLC	6631 NW 43rd Terrace, Boca Raton, FL 33496	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RKDG, LLC	6631 NW 43rd Terrace, Boca Raton, FL 33496	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jeffrey M. Herman	5757 NW 40th Way, Boca Raton, FL 33496	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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