

k20000 114372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

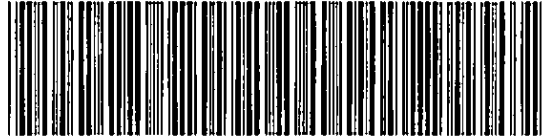
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FILED  
2021 DEC 13 PM 2:42  
CLERK OF SUPERIOR COURT  
JANUARY 13, 2022

Amend

JAN 19 2022

D CUSHING

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: THE PERSONAL INJURY HUB LLC

DOCUMENT NUMBER: L20000114372

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALBERT GONZALEZ

Name of Contact Person

AGG P.A.

Firm/ Company

8522 SW 133RD AVE

Address

MIAMI, FL 33183

City/ State and Zip Code

CONTACT@AGGPA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALBERT GONZALEZ

Name of Contact Person

at ( 786 ) 3101982

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|---|--|---|--|

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2021 DEC 13 PM 2:42

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 30, 2021

ALBERT GONZALEZ  
8522 SW 133RD AVE  
MIAMI, FL 33183

SUBJECT: THE PERSONAL INJURY HUB LLC  
Ref. Number: L20000114372

We have received your document for THE PERSONAL INJURY HUB LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORP, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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.

TERARRA A SIMMONS  
OPS

Letter Number: 721A00028753

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

THE PERSONAL INJURY LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
2021 DEC 13 PM 2:42  
SECRETARY OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 04/28/2020

Florida document number L20000114372

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

Rolando Lacayo

New Registered Office Address:

7190 SW 87 AVE SUITE 204

Enter Florida street address

MIAMI

City

Florida

33173

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.*

Rolando Lacayo

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>
<u>AMBR</u>	<u>Josepu Veloso</u>	<u>15440 SW 31 STREET</u>	<input type="checkbox"/> Add
		<u>MIAMI FL 33185</u>	<input checked="" type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>AMBR</u>	<u>ROLANDO LACAYO</u>	<u>7190 SW 87 AVE SUITE 204</u>	<input checked="" type="checkbox"/> Add
		<u>MIAMI FL 33173</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
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		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

NIA

E. Effective date, if other than the date of filing: OCTOBER 15, 2021 (optional)

(If an effective 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 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated OCTOBER 15, 2021

Rolando Loraayo

Signature of a member or authorized representative of a member

Rolando Larayo

Typed or printed name of signee