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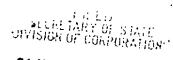
# COVER LETTER

SUBJECT: Refael HC Services 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:	
RaFael Hernandez Cuesta Name of Person	
Rafael HC Services LLC	
515 E 30 Street	
HPaleah Fl 33013 City/State and Zip Code	· \
E-mail address: (to be used for future annual report notification)  E-mail address: (to be used for future annual report notification)	i i com
For further information concerning this matter, please call:	
Ratael Hernantoz Cuestar (786) 483-4364  Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  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



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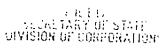
<u>Katael</u> t	16 Serurce	<u> </u>
(Name of the Limited Liability Com (A Florida Limite	tpany as it now appears on our reco	rds.)
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	o successive surprise,	
The Articles of Organization for this Limited Liability Compa	ny were filed on	and assigned
Florida document number <u>L 2000 23 4</u>	372	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
	n a	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "Ll	LC" 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)		
D. If any district the section of th		
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, <u>ente</u>	er the name of the new registered
	Λ	
Name of New Registered Agent:	na	
New Registered Office Address:		
	Enter Florida street addr	ess
	, F	lorida
	Citv	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 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 21 nar 15 PH 2: 11	Type of Action
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an effecti ote: If t	date, if other than we date is listed, the date he date inserted in th 's effective date on th	e must be specific and its block does not m	cannot be prior to cet the applicab	date of filing or m	ore than 90 days			
record sp is filed.	occifies a delayed eff	ective date, but not	an effective time	e, at 12:01 a.m.	on the earlier o	of: (b) The 90	ith day after	r the
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Filing Fee: \$25.00