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er i er e e e	ANDRE K	HERNANDEZ LLC		
SUBJE	CI:	Name of Lin	ited Liability Company	
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: ANDRE K HERNANDEZ Name of Person ANDRE K HERNANDEZ LLC Firm/Company 1251 LATTIMORE DR Address CLERMONT, FL 34711 City/State and Zip Code ANDYKHERNANDEZ@HOTMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ANDRE K HERNANDEZ Name of Person Name of Person				
Division of Corporations SUBJECT: ANDRE K HERNANDEZ LLC				
		ANDRE K HERNANDEZ		
			Name of Person	-
		ANDRE K HERNANDEZ	LLC	
			Firm/Company	
		1251 LATTIMORE DR		
			Address	 _
		CLERMONT, FL 34711		
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For furt	her information co		·	,
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	Name of	rerson	Area Code Daytime Tele	phone Number
Enclose	d is a check for th	se following amount:		
□ \$25	.00 Filing Fee	-	Certified Copy	Certificate of Status & Certified Copy
	Division of Co P.O. Box 632	-	· · · · · · · · · · · · · · · · · · ·	
	Tallahassee, F		The Centre of Tallal 2415 N. Monroe Str	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANDRE K HERNANDEZ 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 AUGUST 17, 2020 and assigned Florida document number L20000252696 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 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 _

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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	JOSE V. ROJAS CORDOBA	1251 LATTIMORE DR CLERMONT, FL 34711	🗆 🗆 Add
			= Remove
			Change
MGR	JOSE V. ROJAS CORDOVA	1251 LATTIMORE DR CLERMONT, FL 34711	B dd
			FILE D Charge □ Charge
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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior Note: If the date inserted in this block does not meet the application document's effective date on the Department of State's records.	date of filing or more than 90 days after fili	nl) ng.) Pursuant to 605.0207 ite will not be listed as
socialism is effective date on the Department of State's records.		
e record specifies a delayed effective date, but not an effective tird is filed.	e, at 12:01 a.m. on the earlier of: (b)	The 90th day after the
October 15 2020		
Dated		
Dated	zed representative of a member	

Filing Fee: \$25.00