

Division of Corporations

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000323833 3)))



H20000323833ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : API PROCESSING
Account Number : 120110000069
Phone : (954) 567-0013
Fax Number : (954) 567-3401

2020 SEP 17 AM 9:47

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: ksley@apiprocessing.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HGP PLUMBING LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Amend

SEP 18 2020
1 ALBRITTON

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HGP Plumbing 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 September 1, 2020 and assigned
Florida document number L20000275863.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1225 NW 86th Street

Miami, FL 33147

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1225 NW 86th Street

Miami, FL 33147

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:

1225 NW 86th Street

Enter Florida street address

Miami

City

Florida

33147

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

H20000303033

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

Page 3064

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Yoandri Hernandez	1225 NW 86th Street	<input type="checkbox"/> Add
		Miami, FL 33147	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Alcides Hernandez	1225 NW 86th Street	<input type="checkbox"/> Add
		Miami, FL 33147	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

H20005323833 3
Page 4 of 4**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

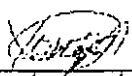
NEW ADDRESS: 1225 NW 86TH ST MIAMI, FL 33147

E. Effective date, if other than the date of filing: _____ **(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 09/17/2020

Signature of a member or authorized representative of a member

Yoandri Hernandez

Typed or printed name of signer