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COVER LETTER

TO:

Registration Section

Division of Corporations Yunier Hernandez Family Office LLC SUBJECT: 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: Yunier Hernandez Name of Person Yunier Hernandez Family Office LLC Firm/Company 2834 SW 132 PI Address Miami, FI 33175 City/State and Zip Code yunierhernandez06@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Yunier Hernandez 786 Name of Person Enclosed is a check for the following amount: S25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Yunier Hernandez Fan		
(<u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabilit	cy Company were filed on02/08/2021	and assigned
Florida document number 1.21000067348	·	黄江
This amendment is submitted to amend the following	<u>;</u> :	26
A. If amending name, <u>enter the new name of the l</u>	limited liability company here:	and assigned
The new name must be distinguishable and contain the words."	Limited Liability Company," the designation "LLC" or the	ie abbreviation FL.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered and/or the new registered office address here	red office address on our records, <u>enter the n</u> <u>e</u> :	ame of the new registered
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 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>	Address	Type of Action
AM Q R	Niurka M. Gonzalez	1552 NE 18th ST apt 101 Homestead, FI 33033	= Add
			□Remove
			🗆 Change
			🗆 Add
			□Remove
			□Change
			□Add
		□Remove	
			□Change
			🗆 Add
			□Remove
			🗆 Change
			□Add
		□Remove	
			🗆 Change
			🗆 Add
			□Remove
			[]Change

ffec	tive date, if other than the date of filing:
we.	tive date, if other than the date of filing: (optional) (feetive 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)(3)(4) (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
	ord 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
reco Lis f	filed.
1 is f	filed. March 21 2024
1 is f	Marsh 21 2021
d is f	March 21 . 2024
d is f	Marsh 21 2021