## L21000125327

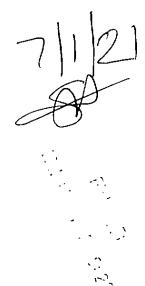
(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(City/State/Zip/Pfloffe #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Cooking the Cooking the Cooki
Control Control
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200367233422

08.901/21--01031--021 \*\*30.00



## **COVER LETTER**

TO:

TO:	Registration S Division of Co			
	Hernameis	;	•	
SUBJE	CT:			· · · · · · · · · · · · · · · · · · ·
		Name of Lin	nited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		Christana Gonzalez		
		<del> </del>	Name of Person	<del>.</del>
		Hernameis		
			Firm/Company	<del></del>
		10531 sky flower ct		•
			Address	
		land o lakes, FL 34638		
		hernameissco@gmail.com	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		E-mail address: (	to be used for future annual report no	tification)
For furt	her information c	oncerning this matter, please c	all:	
	na Gonzalez	•	917 4051611	
			at (	
	Name o	f Person		ne Telephone Number
Enclose	d is a check for th	he following amount:		
□ <b>\$2</b> 5	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres		Street Address:	
	Registration S Division of C		Registration Se Division of Co	
	P.O. Box 632	=	The Centre of	-
	Tallahassee, I			oe Street, Suite 810

Tallahassee. FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hemameis LLL		
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our ited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Comparing 1.21000125327  Clorida document number	any were filed on	and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited l	liability company here:	
he new name must be distinguishable and contain the words "Limited L		
nter new principal offices address, if applicable:	27251 Wesley Chapel Blvd Ste F	314 #725 Wesley Chapel, FL 33544
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)	27251 Wesley Chapel Blvd Ste E	314 #725 Wesley Chapel, FL33544
3. If amending the registered agent and/or registered offigent and/or the new registered office address here:	ice address on our records.	, enter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	
	enter Florida stree	
	City	, Florida Zin 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
			□Add
			□Remove
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			Change
			□ Remove
			Change
			DAAdd \( \)
			Remove
			Change
			□Add
			□Remove
			□Change

_	
_	
-	
_	
fectiv	e date, if other than the date of filing:(optional)
an effec	tive 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 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
cumer	it's effective date on the Department of State's records.
	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
is filed	
	5/26/21
	O TAO TOLL
ated _	$\Delta \mathbf{I} = \mathbf{I}$
ated _	$\Delta \mathbf{I} = \mathbf{I}$
ated	Signature of a member or anthorized representative of a member

Filing Fee: \$25.00

~>