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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** FH&J Group, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

LUISA GONZALEZ

\_\_\_\_\_  
Name of Person

FH&J GROUP, LLC

\_\_\_\_\_  
Firm Company

12850 W STATE RD 84, LOT# 6-27

\_\_\_\_\_  
Address

DAVIE FL 33325

\_\_\_\_\_  
City, State and Zip Code

luisahuertas170@hotmail.com

\_\_\_\_\_  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

LUISA GONZALEZ

954

6396250

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 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 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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FH&J GROUP, 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 3 29 21 and assigned  
Florida document number L21000151127.

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 "L.L.C."

**Enter new principal offices address, if applicable:**

12850 W STATE RD 84, LOT# 6-27

**(Principal office address MUST BE A STREET ADDRESS)**

DAVIE FL 33325

**Enter new mailing address, if applicable:**

12850 W STATE RD 84, LOT# 6-27

**(Mailing address MAY BE A POST OFFICE BOX)**

DAVIE FL 33325

**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:

LUISA GONZALEZ

New Registered Office Address:

12850 W STATE RD 84, LOT# 6-27

Enter Florida street address

DAVIE

City

Florida 33325

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.*

*Luisa F. Gonzalez*

**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 added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	LUISA GONZALEZ	12850 W STATE RD 84, LOT# 6-27	<input type="checkbox"/> Add
		DAVIE FL 33325	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	OLGA JOHNSON	12850 W STATE RD 84, LOT# 6-27	<input type="checkbox"/> Add
		DAVIE FL 33325	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	PAULA HUERTAS	10673 NW 32ND CT	<input type="checkbox"/> Add
		SUNRISE FL 33351	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ALVARO HUERTAS JOHNSON	10673 NW 32ND CT	<input type="checkbox"/> Add
		SUNRISE FL 33351	<input checked="" 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

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Please Note that FEI/EIN Number is 86-3521670

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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 MAY 19TH 2021

Luisa F. Gonzalez

Signature of a member or authorized representative of a member

LUISA GONZALEZ

Typed or printed name of signer