LZ1 000283982

(Re	equestor's Name)		
(Ac	ldress)			
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(City/State/Zip/Phone #)				
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(Bi	isiness Entity Na	me)		
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FLORIDA DEPARTMENT OF STATE Division of Corporations

August 23, 2021

JERIKA CARRERO NUNEZ 9100 CREEKVIEW PRESERVE DR #105 ORLANDO, FL 32837-7566

SUBJECT: HYERICK LLC Ref. Number: L21000283982

We have received your document for HYERICK LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

We have received your document for HYERICK LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott Document Specialist II

Letter Number: 421A00020110



COVER LETTER

TO: Registration Sec Division of Corp			E (12 5	
SUBJECT: HY	Prick LLC Name of Limit	2721 Atted Liability Company	¹⁷² −9 PH 1:38	
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.		
Please return all correspor	ndence concerning this matter t	o the following:		
	Jerika Co	AVIEVO NUNEZ Name of Person		
		Firm/Company VICW DY eSEVVE Address Lx 32837 - 756 City/State and Zip Code	SECTIVITY STATE TALLANDS STATE OF THE STATE	T
	9100 Creek	VIEW Dreserve	DR 105 3	
	Orlando, F.	City/State and Zip Code Cgmail·Lom obe used for future annual report no	STATE 5. FATE	D
	E-mail address (to	o be used for future annual report no	tification)	
For further information co	oncerning this matter, please ca	II:		
Jerika Ca Name of	Person Nunez	at (<u>407)</u> <u>922</u> Area Code Daytir	re Telephone Number	
Enclosed is a check for the	e following amount:			
S25.00 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

Hyerick LLC		
(Name of the Limited Liability Compa (A Florida Limited I.	ny as it now appears on our record liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000183782</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Jerika Carrero Nunez LLc The new name must be distinguishable and contain the words "Limited Liabil		202
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:	9100 Creekv	PH 3: 25 PVC DR
(Mailing address MAY BE A POST OFFICE BOX)	105 Orlando . F	-L 32837 - 7566
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	sys .
		lorida
	City	Zip Code

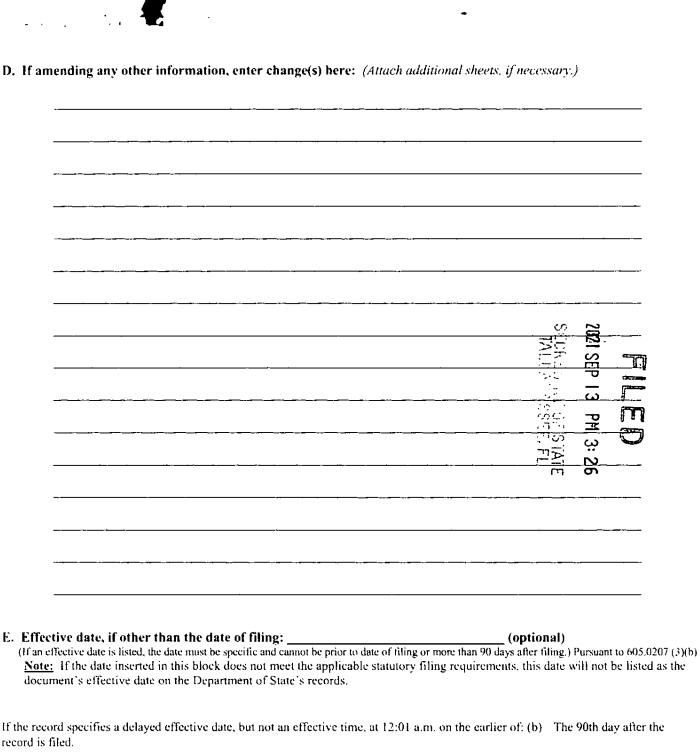
New Registered Agent's Signature, if changing Registered Agent:

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.

Lenka Canen Munez-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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			🗀 Remove
			□Change
·			□Add
			□Remove
			202 Dange
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			Remove
			□Change



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 August 5 , 2021.

Signature of a member or authorized representative of a member

Jenka Carrero Nunez

Typed or printed name of signee

Filing Fee: \$25.00