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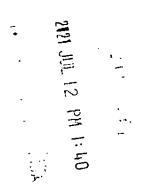
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

eun i F <i>e</i> a			·				
SUBJECI	l: <u></u>	Name of Lim	ited Liability Company				
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.				
			·				
		MONICA HERNANDEZ					
Division of Corporations HERE PB LLC Name of Limited Liability Company							
			Firm Company	Name of Person Firm Company ates Address 8 //State and Zip Code Sed for future annual report notification) at (
		8650 NW 101 PL Grand B	iay Estates				
			Address				
		Miami Fla 33178, Estados	Unidos				
		RE PB LLC Name of Limited Liability Company					
r' - Manda sa	:e			etification)			
				1.5			
-			at ()				
	Name o	f Person	Area Code Dayti	me Telephone Number			
Enclosed i	s a check for tl	ne following amount:					
\$25.00) Filing Fee		Certified Copy	Certificate of Status & Certified Copy			
	_		-				
	Division of C.			•			
	allahassee. I			oe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HERE PB LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Com	pany were filed on June 28, 2021	and assigned
Florida document number 87-1433994		
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	11 11 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
, he new name must be distinguishable and contain the words "Limited	Liability Company, the designation "LLC o	r the appreviation "L.L.C.
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u></u>	
		22
		· 2
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		12
		PH
3. If amending the registered agent and/or registered of	fice address on our records, <u>enter th</u>	
gent and/or the new registered office address here:		31
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flori	
	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
MGR	MONICA HERNANDEZ	8650 NW 101 PL Grand Bay Estates Miami Fla 33	178 □Add
			■Remove
			□ Change
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	ive date is listed, the date must be specific and cannot the date inserted in this block does not meet the						
	's effective date on the Department of State's i			1	,		
ecord	pecifies a delayed effective date, but not an effe	etive time.	n 12:01 a.m. e	on the earlier	of: (b) Th	e 90th (day after t
is filed							
1	July 7, 2021						
ica _	1						
.ca_							
	July 7. 2021 CONCA Ma MAZ Signature of a member MONICA HERNANDEZ	or authorise	ranto, contations	ut a mamba			

Filing Fee: \$25.00