Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document

(i(H22000185128/3)i)

Note: DO NOT hit the REFRESH/RELOAD hutton on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations Fax Number : (850)617-6383

Account Name : PETER MATHISON LIC Account Number : 120210000152 Phone : (105)578-9343 Fax Number : (286)705-2040

""Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.""

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HEPEC GROUP LLC

Certificate of Status	0
Certified Copy	1 0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

1/1

**③** 

## **COVER LETTER**

TO:	Registration Sec Division of Corp			
our u	D.COT	НЕРЕ	C GROUP LLC	
SUBJI	ECT:	Name of Limi	ted Liability Company	<del></del>
The en	iclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		FE	RNANDO VILLARREAL	
			Name of Person	· <del></del>
			PETER MATHISON LLC	520-9343  The Telephone Number  \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)  Telephone Number
Firm/Company				g this matter to the following:  FERNANDO VILLARREAL.  Name of Person  PETER MATHISON LLC  Firm/Company  800 SE 4TH AVENUE, SUITE 139  Address  HALLANDALE BEACH, FL 33009  City/State and Zip Code  ADMIN@TUCONTADORENMIAMI.COM  mail address: (to be used for future annual report notification)  atter. please call:  305
800 SE 4TH AVENUE, SUITE 139				
Address				
HALLANDALE BEACH, FL 33009				
			City/State and Zip Code	
		E-mail address: (	to be used for future annual report no	otification)
For fu	rther information c	oncerning this matter, please co	all:	
	FERNANDO V	ILLARREAL	at ()	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclos	sed is a check for th	ne following amount:		
<b>≡</b> \$3	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
	Mailing Address Registration 5 Division of C P.O. Box 632 Tallahassee, 1	Section Corporations 17	Registration S Division of Co The Centre of	orporations Tallahassee roe Street, Suite 810

From: +17867052040 (TU CONTADOR EN MIAMI)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HEPEC GROUP I	LC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number	y were filed on	09/16/2021	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	hility company her	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the de	signation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			202
(Principal office address MUST BE A STREET ADDRESS)			72 HAY
Enter new mailing address, if applicable:			AND FILED 25 AM IO:
(Mailing address MAY BE A POST OFFICE BOX)			37
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:			e of the new registered
Name of New Registered Agent:	TU CONTAI	DOR EN MIAMI LLC	
New Registered Office Address:		REET, HOLLYWOOD	<u> </u>
	FLORIDA .	, Florida	33020
	Cuy		Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>		
I hereby accept the appointment as registered agent and age provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	te performance of s provided for in C	my duties, and Lam . Thapter 605, F.S. Or.	familiar with and if this document is

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

May 25, 2022 13:26 (UTC-03)

<u>Title</u>	Name	Address	Type of Action
AMBR	MC VEY LILLO, EVELYN V	800 SE 4TH AVENUE, SUITE 139	<b>=</b> Add
		HALLANDALE BEACH, FL 33009	□Remove
			□Change
			□Remove
			Change
			□Add
			URemove
			Change
			□Add
			□Remove
			Change
			[]Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

May 25, 2022 13:26 (UTC-03)

. If amending	g any other information, en	ter change(s) here: (	Attach additional she	ets, if necessary:)	
				<del></del>	
				<u> </u>	
					<del></del>
		. <u></u>			
					<del></del>
		<u> </u>			<del></del>
			· · · · · · · · · · · · · · · · · · ·		<del></del>
-					
		<u> </u>	<u> </u>		
					<del></del>
		<del></del>			
Note: If the	ate, if other than the date of date is listed, the date must be speci- date inserted in this block does effective date on the Department	s not meet the applicable	date of filing or more than e statutory filing requi	(optional) 90 days after filing.) Persuar rements, this date will not	nt to 605 0207 (3 be listed as the
the record spec cord is filed.	cifies a delayed effective date, b	out not an effective time	, at 12:01 a.m. on the c	earlier of: (b) The 90th d	ay after the
Dated	MAY 24TH		,		
		edel.calabrau(	@gwail.cow		
<del></del>	Signatui	re of a member or authoriz	ed representative of a me	mber	
		CALABRAN GAI	NGAS, EDEL M		
_		Typed or printed i	name of signee		

Filing Fee: \$25.00