## LZ1000480806

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## **COVER LETTER**

**Registration Section** 

**Division of Corporations** 

TO:

SUBJECT: Hernandez NP LLC Name of Limited I	Liability Company
The enclosed Articles of Amendment and fee(s) are submittee.  Please return all correspondence concerning this matter to the	-
Maria T Perez	Hernandez Name of Person
Hernandez	NP LLC Firm/Company
10125 69 th	Street Address
Tampa Fl	336 19  ty/State and Zip Code
Mayte 8790 879 E-mail address: (to be	ty/State and Zip Code  10 @ gmoil . Com  used for future annual report notification)
For further information concerning this matter, please call:	• • · · · · · · · · · · · · · · · · · ·
Maria T Perez Hernandez Name of Person	at (813) 804 2372 29 Area Code Daytime Telephone Number 175
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 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

设置水

Hernandez	NP / LC	The state of the s
(Name of the Limited L (A)	iability Company as it now appears on lorida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabil Florida document numberL_2_10004808		08/2021 and assigned
This amendment is submitted to amend the following		T A
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designa	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	IDDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u></u>	
B. If amending the registered agent and/or regis	stered office address on our recordere:	ls, <u>enter the name of the new registere</u> c
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida st	reet address
_		Florida
	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 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
MGR_	Maria Cruz-Peiez	1106 S 69th Street Tampa Fl 33619	□Add
			□ Change
MGR	Maria T Perez Hernard	ez 1012 S 69th street	XAdd
		Tampa Fl 33619	□Remove
			□Change
			🗆 Add
			□Remove
			□ Change
			🗆 Add
			□Remove
			□Change
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PC 41	
an effec <u>ote:</u> If	date, if other than the date of filing:
ecord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated $\int$	vecember 10th, 2021.
	Danie Para Har
	Maria rerez Hernauviz.
	Signature of a member or authorized representative of a member