

122000152955

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

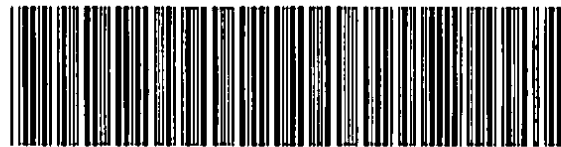
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
22 APR 26 PM 3:45

T. MATTHEWS

JUN 17 2022

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** HERS & HIS HOMEBUYERS LLC

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

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROSE ARISTE

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

HERS & HIS HOMEBUYERS LLC

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

3200 NW 62ND. AVE # 468

\_\_\_\_\_  
Address

MARGATE, FLORIDA 33063

\_\_\_\_\_  
City/State and Zip Code

KARRYSMITH\_FMU@YAHOO.COM

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

For further information concerning this matter, please call:

ROSE ARISTE

954

793-5788

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

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
-22 APR 26 PM 3:45

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**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>	<u>Address</u>	<u>Type of Action</u>
PRESIDE	ROSE ARISTE	3200 NW 62ND. AVE # 468 MARGATE, FL 33063	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ROSE ARISTE	3200 NW 62ND. AVE # 468 MARGATE, FL 33063	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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PLEASE CORRECT THE ZIP CODE IT'S 33063 THANK YOU.

**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.

Dated APRIL 20 2022

*R. H. H.*

ROSE ARISTE

**Filing Fee: \$25.00**