

SECOND REQUEST
L2200096928
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : EAST COAST MULTISERVICE INC
Account Number : I20230000142
Phone : (305)631-2190
Fax Number : (786)713-1965

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

Email Address: _____

RECEIVED
2024 JAN 18 PM 1:19
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLahassee, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HIERRO LA GRITA LLC

DEPT. OF STATE
2024 JAN 18 PM 12:50
FILED

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

T. LEMIEUX

JAN 19 2024
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SECOND REQUEST

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ARTICLES OF AMENDMENT
SECOND REQUEST
TO
ARTICLES OF ORGANIZATION
OF

HIERRO LA GRITA LLC

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

The Articles of Organization for this Limited Liability Company were filed on 06/10/2022 and assigned Florida document number 1.22000266928.

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 Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street 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

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2024 JAN 18 PM 5:00
TALLAHASSEE
FLORIDA
SUNBIZ

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: **SECOND REQUEST**

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MARQUEZ, RENSON BERTIN	1275 W 47TH PL., SUITE 312	<input type="checkbox"/> Add
		HALEAH, FL 33012	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MACHADO MOLINA, RAMIRO ANTONIO	1275 W 47TH PL., SUITE 312	<input checked="" type="checkbox"/> Add
		HALEAH, FL 33012	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

