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COVER LETTER

TO: Registration Division of	n Section Corporations		
SUBJECT:	Host		ernandez, Ll
Dear Sir or Madam:			
The enclosed Statem	ent of Correction and fee(s	s) are submitted for filir	98
Please return all corr	respondence concerning thi	is matter to the following	8.
Par	Y-CLA Name of Person	Herno	indlz
HOS	ting H	ernanc	dez, LLC
_224	D NE 37	th ed	_
HOM	estrad	FL 33	033
	City/State and Zip Code City/State and Zip Code City/State and Zip Code		nandlez · com
For further informati	on concerning this matter,	please call:	
Pamela	a Hernani me of Person	OLZat (784) Area Code	Daytime Telephone Number
Division of P.O. Box	on Section of Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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CR2E062 (9/15)

□\$25 Filing Fee

Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ \$30 Filing Fee & Certificate of Status

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STATEMENT OF CORRECTION

FOR

2022 JUL 21 AM 10: 32

FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

			on torracia man			
Pursuan	it to sec	tion 605.0209, F.S.,	this document is being submitte	d to correct a previously fi		
<u>FIRST</u> :	The n	ame of the limited lia	hility company is:	osting H	ermodez, i	عار
SECON	<u>{D;</u>		ment number of the limited liabi	lity company is:	2000281	154
THIRD	<u>)</u> :	Document to be co	nrected is: () (1910)	1 articles	of Organiz	ationi
k	ſ	CHECK THE APP	ROPRIATE BOX AND COM	PLETE THE APPLICAL	BLE STATEMENT	
A	Conta	ins an incorrect state ent are as follows:	ment. The incorrect statement,	he reason the statement is	incorrect, and the corrected	
		I WOU	ld like the	effective.	date Chan	acd
		rom	919122 +	0 711	22.	90.
	<u>OR</u>					
D	Was d	efectively signed. Tows:	he manner in which the docume	nt was defectively signed a	and the appropriate correction	on are
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		ectronic thansmission	of the record was defective.			
_	1110-61		000.		7/21/22	
		Signature of Aut	horized Representative		Date	
		w registered agent, i esignation).	f applicable :(NOTE: if correct	ng the registered agent, the	e new registered agent must	sign
I hereby	accep	t the appointment as	if changing Registered Agent: registered agent and agree to a	ct in this capacity. I further	r agree to comply with the	
pravisio obligati	ons of a ons of i chang	ll statutes relative to my position as registe	the proper and complete perfor ered agent as provided for in Cl fice address. I hereby confirm th	mance of my duites, and I o apter 605, F.S. Or, if this o	am familiar with and accept document is being filed to m	erely
Registered Agent's Signature						
			Filing Pee: Certified Copy:	\$25.00 \$30,00 (optional)		