

22000452081

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

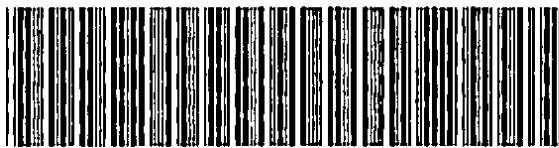
tified Copies _____ Certificates of Status _____

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20221014-471325
CS:GJL

FILL IN

Registration Section
Division of Corporations

To: Holyback, LLC
Name of Limited Liability Company

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

urn all correspondence concerning this matter to the following:

Guillermo Rodriguez

Name of Person

Holyback, LLC

Firm/Company

8951 SW 196 Drive

Address

Cutler Bay / FL 33157

City/State and Zip Code

grodrig4@hotmail.com

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

her information concerning this matter, please call:

Guillermo Rodriguez at (305) 804-9332

Name of Person

Area Code

Daytime Telephone Number

ed is a check for the following amount:

5.00 Filing Fee	<input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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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

TO
ARTICLES OF ORGANIZATION
OF

Holyback LLC

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

les of Organization for this Limited Liability Company were filed on 10/20/12 and assigned
document number 22000452081

ndment is submitted to amend the following:

Ending name, enter the new name of the limited liability company here:

me must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

or principal offices address, if applicable:

Office address MUST BE A STREET ADDRESS)

or mailing address, if applicable:

address MAY BE A POST OFFICE BOX)

**Ending 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	
City	Florida
Zip Code	_____

Registered Agent's Signature, if changing Registered Agent:

*I accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the
laws of all statutes relative to the proper and complete performance of my duties, and I am familiar with and
understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is
intended 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

Manager
Authorized Member

Name

Address

Type of Action

Guillermo Rodriguez

8951 SW 196 Drive

Add

Cutter Bay, FL 33157

Remove

Change

Guillermo Rodriguez

8951 SW 196 Drive

Add

Cutter Bay, FL 33157

Remove

Change

Sandy Rodriguez

8951 SW 196 Drive

Add

Cutter Bay, FL 33157

Remove

Change

Add

Remove

Change

Add

Remove

Change

Add

Remove

Change

nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Effective date, if other than the date of filing: _____ (optional)
(If no effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
agent's effective date on the Department of State's records.

1 specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
2

Oct. 25 2022

Guillermo Rodríguez

Typed or printed name of signee