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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Hexi	Z E/ec/vica/ Name of Limi	Contractor LLC ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subt	mitted for filing.	
Please return all correspoi	ndence concerning this matter (to the following:	
	José Dom	Name of Person	· · · · · · · · · · · · · · · · · · ·
	A	Torsul)	
		Firm/Company	
	8033 Mars	h Hen Dr Address	
	Oxlando	Address FL 32 825 City/State and Zip Code	70 P 25
	. 1	City/State and Zip Code	ັບາ
	Jaming ve E-mail odress: (1)	Z 164 @ Ya hoo. Com	ication)
For further information co	oncerning this matter, please ca		ication)
			_
Fose Jon	inquez	at (<u>407</u>) <u>223-8</u> Area Code Daytime	016
Name of	F Person	Area Code Daytime	e Telephone Number
Enclosed is a check for th	e 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 Addres Registration 5		<u>Street Address:</u> Registration Sec	ction
Division of C		Division of Cor	
P.O. Box 632	7	The Centre of T	
Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp.	Yac7, Y // C any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>122000465487</u> .	/ /
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	ility 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)	8033 Marsh Hen Dr 3 Orlando FL 328253 8033 Marsh Hen Dr
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Oxlando FL 328255
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the name of the new registered
New Registered Office Address: 8035	Maysh Hen Dr Enter Floridu street address
Oyland	Sign 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 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
			□Add
			□Remove
			□Change
 -			□ Add
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ctive date, if other effective date is listed in If the date inser- iment's effective d	, the date must b ed in this bloc	e specific and ca k does not me	innot be prior to et the applical	date of filing o	more than 90 d		
ord specifies a dela filed.	iyed effective o	late, but not ar	n effective tin	ne, at 12:01 a.r	n. on the earlie	rof: (b) The 9	00th day after t
a <i>U. 17</i> -	2023	· ,					
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