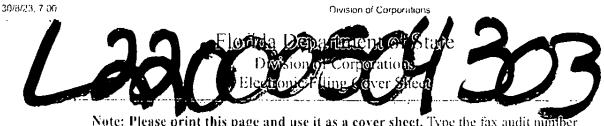
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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H230003017173)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DAVID NOHRA ZAKIA Account Number : 120220000125 Phone : (239)494-0057

Fax Number

: (239)913-6599

**Enter the email address for this business entity to be used for future?

annual report mailings. Enter only one email address please.**

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HERNANDEZ BASTARDO CONSULTING LLC

Certificate of Status	0
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COVER LETTER

TO: Registration S Division of Co			
HERNAN SED HEATS	DEZ BASTARDO CONSULTI	ING LLC	
SODJEA, I :	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	LUIS ALBERTO HERNA	NDEZ	
		Name of Person	•
	HERNANDEZ BASTARI	OO CONSULTING LLC	
		Fim/Company	
	8005 NW 104TH ST APT	`24	
		Address	
	DORAL, FLORIDA, ZIP	CODE 33178	
		City/State and Zip Code	
	tuoficinaenusa@gmail.com	to be used for future annual report not	(iff nov; an)
For further information (concerning this matter, please c		ппония,
LUIS ALBERTO HER	NANDEZ BASTARDO	239 4940057	
Name	of Person	at ()	ne Telephone Number
Enclosed is a check for t	he 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 Addre Registration		Street Address: Registration Sc	ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 63. Tallahassee.		The Centre of 2415 N. Monre	Tallahassee oe Street, Suite 810
i dilalinaace.	* ** ** ** ** * * * * * * * * * * * *	4-14 (11 (11 (11 (11 (11 (11 (11 (11 (11 (orac weeks way or server 17.1 M

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Compa</u> (A Florida Limited	ans as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company florida document number 1.22000504303		and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or th	c abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	8005 NW 104TH AVE APT 24		
Principal office address MUST BE A STREET ADDRESS)	DORAL FLORIDA ZIP CODE 33178		
Enter new mailing address, if applicable:	8005 NW 104TH AVE APT 24		
Mailing address MAY BE A POST OFFICE BOX)	DORAL FLORIDA ZIP CODE 3317	18	
	Ü	. ~2	
		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
 If amending the registered agent and/or registered office: agent and/or the new registered office address here; 	address on our records, <u>enter the n</u>	ame of the new regi	
		- -	
Name of New Registered Agent:	· -		
New Registered Office Address:		7: 7: 2:	
	Enter Florida street address 🥏	0	
	, Florida	Zip Code	
	City		

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 addeor removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	NOHRA ZAKIA DAVID	28719 ALESSANDRIA CIRCLE	Fladd
		BONITA SPRINGS FLORIDA ZIP CODE 34135	≣Remove
			[]Change
AMBR LUIS ALBERTO HERNANDEZ	LUIS ALBERTO HERNANDEZ	8005 NW 104TH AVE APT 24	= Add
	DORAL FLORIDA ZIP CODE 33178	[]Remove	
			C)Change
			□Add
			□Remove
			□Change
		iDAdd	
			□Remove
			©Change
			ErAdd
			EJRemove
			⊕Change
			□Add
			□Remove

ffec	live date, if other than the date of filing: (optional)
	Fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after (iling.) Pursuant to 605.020. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
осш	nent's effective date on the Department of State's records.
	rd 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
l is i	iled.
	AUGUST 25 (2023)
arco	
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00