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## **COVER LETTER**

TO:

Registration Section

Division of Corp	porations		
SUBJECT: Hispa	uic Hentage L Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub		
Trouble retain an correspon		to the total mig.	
	- Mylee Gau	Name of Person	
	<del> </del>	Firm/Company	
	1334 Iral	Address	
	Jacksonuil	1e, FL 32354 City/State and Zip Code	
		itace 23 0 mul.	(ilication)
For further information co	oncerning this matter, please c	all:	- · · ·
Mylee Gam	Person	at (904) 753- Area Code Daytin	5398 ne Telephone Number
Enclosed is a check for the	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 Address Registration S		<u>Street Address:</u> Registration Se	ection
Division of Corporations		Division of Co	rporations
P.O. Box 6327 Tallahassee, FL 32314		The Centre of 2415 N. Monro	Tallahassee be Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hispanic Hento	ted Liability Company as it now appears of (A Florida Limited Liability Company)	n our records.)
The Articles of Organization for this Limited L	iability Company were filed on 🕕	1 1
This amendment is submitted to amend the foll	lowing:	
A. If amending name, enter the new name of	of the limited liability company here	:
The new name must be distinguishable and contain the vector new principal offices address, if applies (Principal office address MUST BE A STREET)	cable:	gnation "LLC" or the abbreviation "L.L.C."
The man the same of the same o		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u></u>	
B. If amending the registered agent and/or agent and/or the new registered office addre		ords, enter the name of the new registered
Name of New Registered Agent:	Mylee Gamboa	
New Registered Office Address:	1334 Iralou Rd.	street address
	Jacksonville	, Florida <u>32</u> 354

## 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

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>	Name	Address	Type of Action
MAR	Alex J. Matos Morales	1334 Tralou Rd	□Add
		Jacksonville, Fl 32251	Kemove
			□Change
MGR	Mylee Gamboa	1334 Tralou Rd	_ <b>X</b> [Add
·	J	1334 Iralou Rd Jacksonville, Fl. 32254	□Remove
			[]Change
			<sup>'</sup> : □Add
			_ □Remove
		÷ ,	
		· 	Ë □Add
			□Remove
			OChange
			□Add
			□Remove
			□Change
			□Add
		· · · · · · · · · · · · · · · · · · ·	Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: 3 K 203 (optional)
(If an 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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed.

Alex J. Matos Marales
Typed or printed name of signee

Signature of a member or authorized representative of a member