# L23000079327

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100415209081

09/11/23-+01010--005 \*\*25.00

## **COVER LETTER**

Division of Cor	porations			
III & EC IN SUBJECT:		a Florida limited liability company		
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	indence concerning this matter	to the following:		
	Isaac Hayes Fernandez			
		Name of Person		
	IH & EC INVESTMENTS	GROUP, LLC, a Florida limited lia	bility company	
		Firm/Company		
	17350 SW 236 Street			
		Address		2 <b>6</b>
	Homestead, FL 33031			23 St ECRE
		City/State and Zip Code		
	suncoustnurserytikihut@gm			
For further information o	E-mail address: ( concerning this matter, please c		cation)	2023 SEP II PM 4: 18 SECRETARY OF STATE TALLAHASSES, FL
Name o	of Person	at ()	Telephone Number	
Enclosed is a check for t  ■ \$25.00 Filing Fee	he following amount:   S30.00 Filing Fee &  Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Fii Centificat Centified (	e of Status &
Mailing Addre Registration Division of C P.O. Box 632	Section Corporations	Street Address: Registration Sec Division of Corp The Centre of Ta	(additional of	copy is enclosed)
Tallahassee,		2415 N. Monroe		10

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Limits Comp	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 1.23000079327	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	oility 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)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
Name of New Registered Agent:	e address on our records, enter the name of the new registered
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	Enter Florida street address
<del></del>	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered Agen	
	eree to act in this capacity. I further agree to comply with the te performance of my duties, and I am familiar with and sprovided for in Chapter 605, F.S. Or, if this document is

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>	<u>Name</u>	Address	Type of Action
AMBR	Ernesto Cordero	17350 SW 236 Stree	
		Homestead, FL 33031	=Remove
		<del></del>	□ Change
			□Remove
			□Change
			SEPAGES SEPAGE
			☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
			□Add
		<u> </u>	□Remove
			☐ Change
<del></del>			□Add
			□Remove
			□Change

	***							シリ	_	
		<del></del>							_	
									-	
_	<del></del>					··			-	
			<del></del>			<del></del>			-	
	<del></del> .	<del></del>							-	
	·-								-	
	<del></del>								~	
						<u>.</u>		- <del> </del>	2023 S	<b>5</b> 1≅
			. <u>.</u>					TERE TO SERVICE TO SER	)ÉP	**
		<u>.                                    </u>						<u> </u>		i
								:AC.	PH In P	•
	· · · · · · · · · · · · · · · · · · ·								<del></del>	
	<u> </u>							ন	- -	
									_	
lfan effecti <u>Note:</u> If t	date, if other the we date is listed, the d he date inserted in 's effective date or	late must be specifi this block does t	ic and cannot not meet th	e applicable	ate of filing or r statutory fili	nore than 90 d ng requireme	_ (optional) ays after filing nts, this date	.) Pursuant to 60:	5.0207 (3 ted as th	)(b) e
	pecifies a delayed e							ic 90th day afte	er the	
d is filed.										
d is filed.	<u>August</u>	27 14	·c	<u> 2023</u> .						
rd is filed.	August — Z	27 sh	_ · _ c	2023.	1 margaratai	a of a mark				

Filing Fee: \$25.00

#### State of Florida:

# County of Miami Dade:

BEFORE ME, the undersigned authority, personally appeared ERNESTO CORDERO, as Manager of IH & EC INVESTMENTS GROUP, LLC, a Florida limited liability company, whose current address is 17350 SW 236 Street, Homestead, FL 33031, who by me being first duly sworn, says to the best of his knowledge, information and belief, and under penalties of perjury:

- 1. That <u>ERNESTO CORDERO</u> has resigned as a Manager of IH & EC INVESTMENTS GROUP, LLC, a Florida limited liability company;
- 2. That the Limited Liability Company has been notified in writing of the ERNESTO CORDER'S resignation; and

3. That the minutes relating to the resignation are unavailable.

FURTHER AFFIANT SAYETH NOT.

Affiant ERNESTO CORDERO

Sworn to and subscribed before me, by ERNESTO CORDERO, who was physically present, and produced a Florida ID, this  $\frac{24}{2}$  day of  $\frac{24}{2}$ ,  $\frac{2023}{2}$ 

Notary Public

My commission expires:

