L23000279794

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COVER LETTER

	egistration Se ivision of Cor					
// 10 A 10 C/I		Hernandez Caballero 8625 LI	.C			
SUBJECT	:	Name of Limited Liability Company				
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please retu	rn all correspo	ondence concerning this matter	to the following:			
		Lourdes Lozada				
		 .	Name of Person			
		Gle Services				
			Firm/Company			
		2550 NW 72 AVE SUITE	119			
			Address			
		DORAL FL, 33122				
			City/State and Zip Code	. <u> </u>		
		INFO@GLETAXES.COM				
		E-mail address: (to be used for future annual report notif	ication)		
For further	information c	oncerning this matter, please co	all:			
Lourdes L	ozada		305 3920565			
	Name o	f Person		2 Telephone Number		
Enclosed i	s a check for th	ne 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)		
R	Lailing Addres Legistration Solvision of C	Section	Street Address: Registration Sec Division of Cor			
P	.O. Box 632	.7	The Centre of T	allahassee		
Т	allahassee, l	FL 32314	2415 N. Monroe	e Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION PROPERTY.

Inversiones Hernandez Caballero 8625 LLC

2023 JUL 13 AH 7: 53

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on June, 09 2023 __ and assigned Florida document number 1.23000279794 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.I.C" or the abbreviation "L.I.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) B. If amending 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 _____, Florida ___ City

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
MGR	CLAUDIA HERNANDEZ	13830 NW 22ND CT, SUNRISE, FL 33323	■Add
			□Remove
			□Change
MGR	JOSE QUESADA	13830 NW 22ND CT, SUNRISE, FL 33323	≘ Add
			□Remove
			□Change
			□Add
			🗆 Remove
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