

L 23000 286232

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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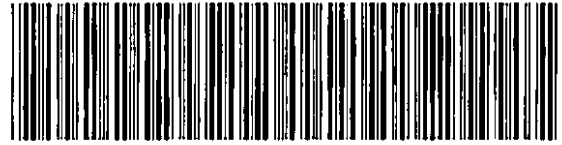
(Business Entity Name)

(Document Number)

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10/26/25
DIVISION OF CORP. ORIGIN
2023 OCT 26 PM 12:40

R. HUNT

10/26/23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HENRIQUEZ P. R. LLC.

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALBERTO HENRIQUEZ NEGRETTTE

Name of Person

HENRIQUEZ P. R. LLC.

Firm/Company

2859 LEONARD DR UNIT G 209

Address

AVENTURA FL 33160

City/State and Zip Code

AMGTAXSERVICES@YAHOO.COM.MX

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALBERTO HENRIQUEZ NEGRETTTE

786

9615221

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2023 OCT 26 PM 12:40

FILED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

HENRIQUEZ P. R. LLC.

(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 06/13/2023 and assigned
Florida document number L23000286232

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 "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2859 LEONARD DR UNIT G 209

AVENTURA, FL. 33160

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2859 LEONARD DR UNIT G 209

AVENTURA, FL. 33160

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 Zip 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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	ALFONSO GUTIERREZ	1840 W 49TH ST SUITE 712	<input type="checkbox"/> Add
		HIALEAH, FL. 33012	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	IMELDA NEGRETTE	2859 LEONARD DR UNIT G 209	<input checked="" type="checkbox"/> Add
		AVENTURA, FL. 33160	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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2008 OCT 26 PM 2:40
DIVISION OF COMMUNITY
STATE OF FLORIDA

2023 OCT 26 PM 12:40

2023 OCT 26 PM 12:40

DIVISION OF CONSUMER AFFAIRS

(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)

f 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.

Dated 10/19/2023, _____

Signature of a member or authorized representative of a member

ALFONSO GUTIERREZ MGR

Typed or printed name of signee