L 23000 341606

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11/06/23--01023--003 **30.50

COVER LETTER

TO:

TO: Registration S Division of Co		Ü	
	. INVESTMENTS, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	oondence concerning this matter	to the following:	
	NUBIA MOLINA ACUN	A	
		Name of Person	
		HERMOL INVESTMENTS, LLC	С
		Firm/Company	~3,
	8039 CASSIA DR		•
	Address		
	BOYNTON BEACH , FL	33472	. ,
		City/State and Zip Code	
		to be used for future annual report not	fication)
For further information	concerning this matter, please c	all:	
NUBIA MOLINA AC	UNA	at ()	
Name	of Person	Area Code Daytin	e 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 Addr		Street Address: Registration Se	ection
Registration Division of	Corporations	Division of Co	
P.O. Box 63	327	The Centre of	
Tallahassee	, FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	INVESTMENTS, LLC	
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on <u>07/14/2023</u>	and assigned
lorida document number L23000341606		
This amendment is submitted to amend the following:		^-a
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 I	Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		· .
Principal office address MUST BE A STREET ADDRESS		
		12.5
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	lice address on our records, enter th	e name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	ida 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>	Address	Type of Action
MGR	JUAN M HERRERA CASTILLO	8039 CASSIA DR	□Add
		BOYNTON BEACH , FL 33472	■ Remove
		<u> </u>	□Change
MGR JUA	JUAN M HERRERA CARRILLO	8039 CASSIA DR	⊟Add
		BOYNTON BEACH , FL 33472	□Remove
			□ Change
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
		 	□Remove
			Change

If amending any other information, enter change(s) here: (Attach additional sh	, , , , , , , , , , , , , , , , , , ,
	
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	,
	<u> </u>
Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than Note: If the date inserted in this block does not meet the applicable statutory filing requidocument's effective date on the Department of State's records.	n 90 days after filing.) Pursuant to 605.0207 (
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the end is filed.	earlier of: (b) The 90th day after the
Dated OCTOBER 26 2023	
Signature of a member or authorized representative of a me	moer
nubia acuna/molina	

Filing Fee: \$25.00