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11/27/23--01042--007 \*\*25.00

## **COVER LETTER**

	istration Secti ision of Corpo		٤.	•
SUBJECT:		LDINGS LLC		
SUBJECT,		Name of Lin	nited Liability Company	<del>-</del>
The enclosed	l Articles of An	nendment and fee(s) are sol	omitted for filing.	
Please return	all correspond	ence concerning this matter	to the following:	
		Brian C. Perlin		
			Name of Person	
		Perlin Estate Planning & I	Probate	
			Firm/Company	<del></del>
		201 Alhambra Circle, Suit	te 503	
			Address	1
		Coral Gables, FL 33134		
		in fo@morlin octobrollo maior	City/State and Zip Code	
	-	info@perlinestateplanning. E-mail address: (	to be used for future annual report in	otification)
For further in	iformation conc	erning this matter, please c	all:	
Brian C. Per	lin		305 443-3104 at ()	
	Name of Pe	rson	Area Code Days	time Telephone Number
Enclosed is a	check for the f	ollowing amount:		
<b>≡</b> \$25.00 F	iling 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
Reg Div P.O	ling Address: distration Sec ision of Corr . Box 6327 ahassee, FL	porations	Street Address: Registration S Division of C The Centre of 2415 N. Mon Tallahassee, F	Section forporations f Tallahassee roe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HERCAN HOLDINGS LLC	
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	appears on our records.) oany)
The Articles of Organization for this Limited Liability Company were filed of Florida document number 123000509334	November 9, 2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	ny 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)	. ;
	,
Enter new mailing address, if applicable:	; ; ;;)
(Mailing address MAY BE A POST OFFICE BOX)	(n
B. If amending the registered agent and/or registered office address on agent and/or the new registered office address here:	our records, <u>enter the name of the new regist</u>
Name of New Registered Agent:	
New Registered Office Address:  Enter	er Florida street address
City	, Florida

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	Acelia Hernandez Trust Agreement	201 Alhambra Circle, Suite 503	□Add
		Coral Gables, FL 33134	≣Remove
			☐ Change
MGR	A. Hernandez Fam Trust FBO Jenn	201 Alhambra Circle, Suite 503	
		Coral Gables, FL 33134	≣Remove
			□Change
MGR	A. Hemandez Fam Trust FBO Eile	201 Alhambra Circle, Suite 503	□Add
		Coral Gables, FL 33134	■Remove
			□Change
MGR	AJE LLC	201 Alhambra Circle, Suite 503	
		Coral Gables, FL 33134	□Remove
			□Change
			□Remove
			□Change
			DAdd
			□Remove
			□ Change

Note:	tive date, if other than the date of filing:
he reco ord is f	rd 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 fled.
Dated	November 20 . 2023
	Signature of a member or authorized representative of a member
	Brian C-Perlin Typed or printed name of signee

. . . .

Filing Fee: \$25.00