

12/18/24, 3:28 PM

Division of Corporations

LA 300539931

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : NO FEE LLC  
Account Number : I20240000066  
Phone : (954)565-4311  
Fax Number : (954)337-3131

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
THERR ERA OCALA LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

12/18/2024 4:09 PM



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THERR ERA OCALA 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 12/05/2023 and assigned Florida document number L23000539931

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)

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

City, Florida 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>
AMBR	Rigoberto Herrera	PO Box 14391	<input type="checkbox"/> Add
		Coral Gables, FL 33114	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Juan Herrera	PO Box 14391	<input type="checkbox"/> Add
		Coral Gables, FL 33114	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Juan Herrera, Trustee of the Juan Herrera Revocable Trust dated 10/17/18	PO Box 14391	<input checked="" type="checkbox"/> Add
		Coral Gables, FL 33114	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Rigoberto Herrera, Trustee of the Rigoberto Herrera Revocable Trust dated 12/7/18	PO Box 14391	<input checked="" type="checkbox"/> Add
		Coral Gables, FL 33114	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Juan Herrera	PO Box 14391	<input checked="" type="checkbox"/> Add
		Coral Gables, FL 33114	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Rigoberto Herrera	PO Box 14391	<input checked="" type="checkbox"/> Add
		Coral Gables, FL 33114	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets if necessary.)

The management of this company will be by its managers.

Multiple horizontal lines for additional information or amendments.

E. Effective date, if other than the date of filing: 12/18/24 (optional)
(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)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If 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 12/18/24

Signature of a member or authorized representative of a member

Juan Herrera

Typed or printed name of signer

Handwritten signature of Juan Herrera