

L23000557007

(Re	questor's Name)	
(Ad	dress)	
DA)	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
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Special Instructions to I	Filing Officer:	

Office Use Only



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09/30/24--01013--009 **25.00

2024 SEP 30 PA 5: 1

COVER LETTER

TO: Registration Se Division of Cor		w	
	Homes LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Christian M. Hernandez		
		Name of Person	
		Firm/Company	
	18137 NW 89th PL		
		Address	
	Hialeah, FL 33018		
		City/State and Zip Code	
	chrismichaelh4@gmail.com		
		to be used for future annual report not	tification)
For further information	concerning this matter, please c	all:	
Chris Hernandez		305 3331986 at ()	
Name	of Person	Area Code Daytii	me 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 Addre		Street Address: Registration S	ection
Registration Division of	Section Corporations	Division of Co	
P.O. Box 63	-	The Centre of	Tallahassee
Tallahassee.	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Clever Key Homes LLC			
(Name of the Limit	ed Liability Comp (A Florida Limited	any as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Libert Plorida document number	iability Compan	y were filed on 12/19/202	3 and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	f the limited lia	bility company here:	
Christian M. Hernandez LLC			
The new name must be distinguishable and contain the w	vords "Limited Liab	oility Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	N/A	
(Principal office address MUST BE A STREE	T ADDRESS)		202
Enter new mailing address, if applicable:		N/A	FORP 3
(Mailing address MAY BE A POST OFFICE BO	BOX)		95.0 50 95.0 50 95.0 50
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office <u>ss here</u> :	address on our records	75 <u>Q1</u>
Name of New Registered Agent:	N/A		
New Registered Office Address:		Enter Florida stre	et 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 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
	N/A		□Add
			□Remove
			Change
			Remove
			Change
			□Remove
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			□Add
			Change
			☐Add
			□ Remove
			□ Change
	<u> </u>		□Add
			□Remove
			∏Chows:

-	N/A
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Fffec	tive date, if other than the date of filing: (optional)
/If an a	Proving data 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
Note: docui	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.
he reco	ord 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 filed.
	0/10/21
-	19/19/19
Date	
Date	
Date	Mishelf
Date	Signature of a member or authorized representative of a member

Filing Fee: \$25.00