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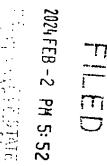
(Requestor's Name)
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(Document Number)
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## **COVER LETTER**

TO: Registration S Division of Co.				
CALLS AN OWN	OOD H&C, LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
	ondence concerning this matter			
	SILVINA ARIAS			
		Name of Person		
	<del></del>	Firm/Company		
	1230 JEFFERSON ST			
		Address		
	HOLLYWOOD, FL 33019	9		
		City/State and Zip Code		
	yanimdq80@hotmail.com	to be used for future annual report not		
For further information of	concerning this matter, please c	-	meanony	
silvina arias		305 746-7209		
Name (	of Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for t	he 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		Street Address: Registration Se	ection	
Division of Corporations		Division of Cor	Division of Corporations	
P.O. Box 632		The Centre of 7		
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOLLYWOOD R&C LLC			
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our rec Liability Company)	<u>:ords.</u> )	
The Articles of Organization for this Limited Liability Company	were filed on 01/15/2024		_ and assigned
florida document number 1.24000030413			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "	LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		-10-1	
Principal office address MUST BE A STREET ADDRESS)		· · · · · ·	2
		\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	24 8
Inter new mailing address, if applicable:			-2
Mailing address MAY BE A POST OFFICE BOX)		.5	P 111
numing dual ess MAT DE AT OST OFFICE BOA	·		ů O
		<u> </u>	:52
<ol> <li>If amending the registered agent and/or registered office agent and/or the new registered office address here:</li> </ol>	address on our records, <u>en</u>	ter the name o	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street ad	dress	
	City	Florida	Zip Code
	Cult		rip Cour

## 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>	Name	Address	Type of Action
MGR	SILVINA ARIAS	1230 JEFFERSON ST, HOLLYWOOD, FL 33019	🗑 Add
			□Remove
			□Change
			[]Add
			□Remove
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			□Remove
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			□Add
			□Change

Fective date, if other than the date of filing:		
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Signature of a obsolyr or authorized representative of a member  (optional)  (	_	
rective date, if other than the date of filing:	_	
rective date, if other than the date of filing:		
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Signature of a mesubyr or authorized representative of a member  (optional)  (	_	
Signature of a member of authorized representative of a member (optional)  (op		
n 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 tee: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as cument's effective date on the Department of State's records.  ecord 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 is filed.  ted   O1/30/2024  Signature of a member or authorized representative of a member	_	
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		Land Service Control of the Control
SILVINA ARIAS		Signature of a mesuber or authorized representative of a member
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Filing Fee: \$25.00