L24000039651

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Endy Harre)
(Document Number)
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TALLAR, SSEE FIFE



COVER LETTER

	gistration Se sision of Cor			
SUBJECT:		SSOCIATION LLC		
SUBJECT		Name of I im	sted Liability Company	
The enclosed	I Articles of	Amendment and fee(s) are sub	onuted for filing.	
Please return	i all correspo	ndence concerning this matter	to the following:	
		FRANCISCO JOSE HERI	NANDEZ	
			Name of Person	
			Firm Company	
		5623 MADDIE DR		
		HAINES CITY, FL 33884	Address	
		TARRES CITT, TC 35004	City State and Zip Code	
		johannaduartetaxes@gmail	•	
		E-mail address: (to be used for future annual report not	fication)
For further i	nformation c	oncerning this matter, please c	all	
FRANCISC	O HERNAN	DEZ	689 317-1675	
	Name o	(Person	Area Code Daytim	ne Telephone Number
Enclosed is a	a check for th	ne following amount		
■ \$25,00 I	Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Cl \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section		<u>Street Address:</u> Registration Se	ection	
Division of Corporations		Division of Col		
). Box 632		The Centre of '	
l'a.	llahassee, I	rL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2024 OCT 25 AMIN: 06

HERCA ASSOCIATION LLC

(Name of the Limited Liability Company as it now appears on our records.) A PLASSEE, FI

The Articles of Organization for this Limited Lial		and assigned
Florida document number L24000039651		
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LL	C" or the abbreviation "I. I.C."
Enter new principal offices address, if applicat	ble:	· <u>·····</u>
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Bo B. If amending the registered agent and/or reg agent and/or the new registered office address	O.X) gistered office address on our records, ente	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	'NV
	, F	Torida
	City	lorida 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
AMBR	ALEJANDRA BEDOYA	5623 MADDIE DR	□Add
		HAINES CITY, FL 33844	Remove
			Change
			□Add
			⊟Remove
			Change
			□Add
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5623 MADDIE DR			
HAINES CITY, FL 33844			
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ective date, if other than the	e date of filing:	o date of liling or more than 90 days a	ptional)
effective date is listed, the date ma e: If the date inserted in this b	ist be specific and cannot be prior : flock does not incet the applica	o date of filing or more than 90 days a ble statutory filing requirements,	ther filing.) Pursuant to 605,0207 this date will not be listed as
ument's effective date on the I	Department of State's records.		
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cord specifies a delayed effecti cifiled	ve date, but not an effective fu	ne, at 12:01 a.m. on the carlier of	: (b) The 90th day after the
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