## L24000179837

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Name	e)		
(Do	ocument Number)			
Certified Copies	_ Certificates	of Status		
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Special Instructions to Filing Officer:				

Office Use Only



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## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached are the form and instructions to amend the Articles of Organization of a Florida Limited Liability Company.

A limited liability company can amend its articles of organization by filing articles of amendment with the Division of Corporations that meet the requirements of s. 605.0202, Florida Statutes, which is printed on the reverse side of this letter.

- Pursuant to s.605.0202 (2)(d). Florida Statutes, the document must be typed or printed and must be legible.
- Pursuant to s. 605.0207, Florida Statutes, an effective date may be specified but it must be specific, cannot be prior to the date of filing, and cannot be more than 90 days in the future.
- If you are changing the name of the limited liability company, the new name must be distinguishable on the records of the Florida Department of State.

The new name must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC."

A preliminary search for name availability can be made on the Internet through the Division's records at www.sunbiz.c Preliminary name searches and name reservations are no longer available from the Division of Corporations. You are responsible for any name infringement that may result from your name selection.

- If the registered agent is changed by the amendment, the new agent must sign accepting the appointment, and must state that he or she is familiar with and accepts the obligations of the position. Additional sheets may be attached if necessary.
- > The fees are as follows:

\$25.00 Filing Fee

\$30.00 Certified copy (optional) \$ 5.00 Certificate of Status (optional)

Submit one check made payable to the Florida Department of State for the total amount of the filing fee and any certificate or copy. Please include a cover letter containing your daytime telephone number and return address. A letter of acknowledgment will be issued after the amendment has been filed.

Any further inquiries on this matter should be directed to the Registration Section by calling (850) 245-6051, or by writing Division of Corporations, P. O. Box 6327, Tallahassee, FL, 32314.

NOTE: THIS FORM FOR FILING ARTICLES OF AMENDMENT IS BASIC. EACH LIMITED LIABILITY COMPANY IS A SEPARATE ENTITY AND AS SUCH HAS SPECIFIC GOALS, NEEDS, AND REQUIREMENTS. ADDITIONAL SHEETS MAY BE ATTACHED AS REQUIRED.

THE DIVISION OF CORPORATIONS RECOMMENDS THAT ALL DOCUMENTS BE REVIEWED BY YOUR LEGAL COUNSEL. THE DIVISION IS A FILING AGENCY AND AS SUCH DOES NOT RENDER ANY LEGAL, ACCOUNTING, OR TAX ADVICE. THE PROFESSIONAL ADVICE OF YOUR LEGAL COUNSEL TO ASCERTAIN EXACT COMPLIANCE WITH ALL STATUTORY REQUIREMENTS IS STRONGLY RECOMMENDED.

## Corporate Filing - 800427941668

limitedonline@dos.state.fl.us < limitedonline@dos.state.fl.us > Sun 4/21/2024 1:38 PM

To:PROFLOORINGORDERS@OUTLOOK.COM < PROFLOORINGORDERS@OUTLOOK.COM>

The Articles of Organization for HIOSBANY PEREZ LLC were filed electronically on April 16, 2024, effective April 10, 2024, as verified by this email and authentication number shown below and were assigned document number L24000179837. Please refer to this number whenever corresponding with this office.

Please allow up to 24 hours for your record to appear on Sunbiz.org.

Electronic filing and certification is provided for in section 15.16, Florida Statutes and has the same legal effect as any other filing or certificate.

To maintain "active" status with the Division of Corporations, an annual report must be filed yearly between January 1st and May 1st beginning in the year following the file date or effective date indicated above. If the annual report is not filed by May 1st, a \$400 late fee will be added. It is your responsibility to remember to file your annual report in a timely manner.

A Federal Employer Identification Number (FEI/EIN) will be required when this report is filed. Apply today with the IRS online at:

https://na01.safelinks.protection.outlook.com/?

url=https%3A%2F%2Fsa.www4.irs.gov%2Fmodiein%2Findividual%2Findex.jsp&data=05%7C02%7C%7C8 5b74a4e8d054fc38c1508dc6229ea1f%7C84df9e7fe9f640afb435aaaaaaaaaaa%7C1%7C0%7C638493179 360371875%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2Iu MzlitCJBTil6Ik1haWwi LCJXVCI6Mn0%3D%7C0%7C%7C%7C%sdata=%2F5Ee4v%2FoRIUSFOrydo1BFKHjy4k6R2VO8IUGT3Cesi4 %3D&reserved=0

Please be aware if the limited liability company's address changes, it is the responsibility of the limited liability company to notify this office.

Should you have any questions regarding this matter, please contact this office at the address given below.

James Harris Regulatory Specialist II New Filing Section

## **COVER LETTER**

Registration Section Division of Corporations

TO:

SURIECT: HIO	SBANY PEREZ	LLC	
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	HIOSBAN	Y CALDERON F Name of Person	EREZ
		Name of Person	
		Firm/Company	
	752 HA	SKER PKWY	
		Address	
	SAINT CO	City/State and Zip Code	771
	,	City/State and Zip Code	
	PROFLOGRING	ORDERS @ OUTL	ook.com
		•	(incation)
For further information c	oncerning this matter, please ca	all:	
HIOS BANY	CALDERON	at (321 ) 2768	719
Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a check for th	ne following amount:		1
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, 1	Section forporations 7	Street Address: Registration S Division of Co The Centre of 2415 N. Monr Tallahassee, F	orporations Tallahassee oc Street, Suite 810

If amending or removed	Authorized Person(s) authorized to n from our records:	nanage, <u>enter the title, name, a</u>	and address of each person being ac
MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			☐ Change
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