

124000227105

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : INC AUTHORITY, LLC
Account Number : I202400000004
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DEPT OF STATE
DIVISION OF CORPORATIONS

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

Email Address: dash@dashhernandezrealty.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

DASH HERNANDEZ REALTY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

M. SOLOMON
JUN -7 2024

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

DASH HERNANDEZ REALTY, 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 05/15/24 and assigned
Florida document number L24000227105.

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)

11582 SW Village Pkwy PMB 2012

Port Saint Lucie, FL 34987

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11582 SW Village Pkwy PMB 2012

Port Saint Lucie, FL 34987

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

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 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>
MGR	Dashil Hernandez	11582 SW Village Pkwy PMB 2012	☐ Add
		Port Saint Lucie, FL 34987	☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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			☐ Change

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

7-10

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Effective date, if other than the date of filing: N/A (optional)

The effect only covered the time the specific and cannot be postulated of illness more than 90 days after birth (Prenatal period) of 1974.

Note: If the date entered in this block does not meet the applicable statutory filing requirements, the date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

1000

JUNE 7 ... 2024

Signature of _____ (Authorized Representative of Employer)

Dashil Hernandez

Typical of products of this type is