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(Requ	iestor's Name)	, -
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to Fil	ing Officer:	





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COVER LETTER

TO: Registration So Division of Con			
	Z HERNANDEZ INVESTME	NTS LLC	
SUBJECT:	Name of Lim	ited Liabitity Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Ana Hernandez		
		Name of Person	
	MARTINEZ HERNANDE	EZ INVESTMENTS LLC	
		Firm/Company	
	9941 NW 27th Terrace		
		Address	*************************************
	Doral, FL 33172		
		City/State and Zip Code	
	damian910614@hotmail.co	m to be used for future annual report no	tification)
For further information of	concerning this matter, please c	·	,
Damian Martinez		786 5608342	
Name o	of Person	at ()	me 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy: (additional copy in enclosed)
Mailing Address Registration		<u>Street Address:</u> Registration So	, —
Division of C		Division of Co	
P.O. Box 632	27	The Centre of	Tallahassee 🚈 🚈
Tallahassee,	FL 32314	2415 N. Monro Tallahassee, F.	oe Street, Suite 810 (17)
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MARTINEZ HERNANDEZ INVESTMENTS 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 $\frac{06/14/2024}{1}$ and assigned Florida document number L24000271783 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

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>	Type of Action
AMBR	Damian Martinez	9941 NW 27 TERRACE	■ Add
		DORAL, FL 33172	□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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ective date, if other than the	date of filing:	(optional)
effective date is listed, the date must	be specific and cannot be prior to date of fil	ing or more than 90 days after filing.) Pursuant to 605.02 ry filing requirements, this date will not be listed
ument's effective date on the De	partment of State's records.	.,,
cord specifies a delayed effective s filed.	date, but not an effective time, at 12:0	l a.m. on the earlier of: (b) The 90th day after the
June 26th	2024	
<u> </u>	ath.	
	(P(XX))	

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Filing Fee: \$25.00