

11/6/24, 9:14 AM

Division of Corporations

L24000435831

Florida Department of State  
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From: Account Name : LEGALZOOM.COM INC.  
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TALLAHASSEE, FLORIDA  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
HISPANIC HOME ASSISTANCE LLC

Certificate of Status	0
Certified Copy	1
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K. SALY  
NOV - 7 2024



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HISPANIC HOME ASSISTANCE LLC

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

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The Articles of Organization for this Limited Liability Company were filed on 10/11/2024 and assigned Florida document number L24000435831

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)

Three horizontal lines for entering the principal office address.

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Three horizontal lines for entering the mailing address.

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:

Horizontal line for entering the name of the new registered agent.

New Registered Office Address:

Horizontal line for entering the new registered office address.

Enter Florida street address

Horizontal line for entering the city and state.

City

Florida

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:

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MGR = Manager  
AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	JUAN CARLOS ACOSTA		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		382 NE 191ST ST #527413 MIAMI, FL 33179	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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