

L21000270199

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TOLSON, JOHN EDWARD, JR.

1/10

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: H&S IT SOLUTIONS, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KATHERINE MARIBEL LOPEZ INIGUEZ
Name of Person

H&S IT SOLUTIONS, LLC
Firm/Company

152 SE 29TH AVE UNIT 9
Address

HOMESTEAD, FL US 33033
City/State and Zip Code

vlopez@solucioneshs.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KATHERINE MARIBEL LOPEZ INIGUEZ +1 786 214-2080
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

H&S IT SOLUTIONS, 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 June 10, 2021 and assigned Florida document number L21000270199.

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:

KATHERINE MARIBEL LOPEZ INIGUEZ

New Registered Office Address:

152 SE 29TH AVE UNIT 9

Enter Florida street address

HOMESTEAD

City

Florida

33033

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.

[Signature]
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	Katherine Maribel Lopez Iniguez	152 SE 29TH AVE UNIT 9, HOMESTEAD	<input checked="" type="checkbox"/> Add
		FLORIDA, US 33033	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Veronica A Lopez	152 SE 29TH AVE UNIT 9, HOMESTEAD	<input type="checkbox"/> Add
		FLORIDA, US 33033	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

I would like to inform that Katherine Maribel Lopez Iniguez has become a new authorized representative member
she also has accepted to become the General Manager in replacement of Veronica A. Lopez as General Manager
of H&S IT Solutions, LLC

Veronica A Lopez is removed from the position of general manager and will only be an authorized member.

Mario J Herrera remains as a authorized member of such business entity.

2021 AUG - 2 PM 3: 17

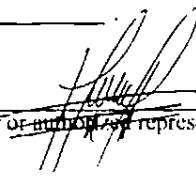
E. Effective date, if other than the date of filing: July 28th, 2021 **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.


Dated July 28th 2021



Signature of a member or authorized representative of a member

VERONICA A LOPEZ

Typed or printed name of signee

Florida DRIVER LICENSE 



ID# L125-513-78-503-0 CLASS E

1 LOPEZ INIGUEZ
 2 KATHERINE MARIBEL
 3 152 SE 29 AVE UNIT 8
 HOMESTEAD, FL 33033

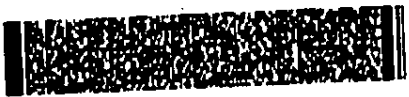
4 DOB 01/03/1978 SEX F
 5 EXP 01/03/2023 HGT 5-02"
 6 REST: NONE END NONE

SAFE DRIVER
 7 EXP 04/12/2019
 8 DOC 9872612980258
 9 REPLACED 12/09/2020


Obtention of a motor vehicle constitutes consent to any statutory test required by law.

The State of Florida retains all property rights herein. ©18378 Rev. 03/01/2020



CLASS: E - Any non-commercial veh with a GVWR - 26,001 lbs. or any RV
 REST: None
 END: None



REPLACEMENT LICENSE REQUIRED WITHIN 30 DAYS OF ADDRESS OR NAME CHANGE.
WWW.FLHSMV.GOV

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 03/01/2020