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(Ře	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

TO: Registration Security Division of Corp			
SUBJECT: H8	H DEBELS AE	MOVAL LLC ited Liability Company	·
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
		Smith Name of Person DEBELS PERSON	31 LUC.
		r irm/Company	
	9717	VALIZES DE S	buth
	Jackson	VITIERS DRS Address VITE FIA 326 City/State and Zip Code	2.2.1
	ו אַיל ווון	206 mail C	UVV
For further information co	oncerning this matter, please ca		,
Name of	Sm. th	at (904) 61 Area Code Day	4-8383 time Telephone Number
Enclosed is a check for the	e 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

H & H . D & bei3	3 Removal LCC	
(Name of the Limited L.	iability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabil Florida document number <u>L 80002 92</u>	lity Company were filed on 9114/2018	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the abb	breviation "L.L.C."
Enter new principal offices address, if applicable	e:	100 July 100
(Principal office address MUST BE A STREET A	DDRESS)	
		5 5
Enter new mailing address, if applicable:		PH 2:
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	rn F
registered agent and/or the new registered office	registered office address on our records, enter to address here:	the name of the new
Name of New Registered Agent:	LISH SIIIII	
New Registered Office Address:	9717 VITIERS DR SOUT	4
_	City Enter Florida street address City City	3222/ Zip Code
New Penistered Agent's Signature if changing Decis	stored Agents	

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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□ Add
			Remove
			☐ Change
			D Add
		Remove	
			Change
			П Remove
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L'éToot	ive date, if other than the date of filing:
(if an eff	ective 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)
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
docum	ent's effective date on the Department of State's records.
tha ro	and appelling a delayed effective date, but act as effective time at 12.04
The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
, , ,	John day after the record is filed.
Dated	7 (10/9 / 20/9)
	Law Mariette
	Signature of a member or authorized representative of a member
	Trous Smith
	Typed or printed name of signee
	A yped or printed name of signee

Page 3 of 3

Filing Fee: \$25.00