# 18000 219 237

(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/:	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	me)
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



800331970078

88/01/19--01016 -013 +¥25.00

2019 AUG - 1 AM 9: 16



## **COVER LETTER**

TO: Registration Division of C				ι
SUBJECT:	H & H Debes K		1	
	Name of Limi	ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are subr	mitted for filing.		
Please return all corres	pondence concerning this matter t	to the following:		
	Troy	Smith Name of Person		
		rame of reison		
	HIH U	Seber's Remw Firm/Company	A LLC	/ 
	9717 Vil	//2RS DR Address	Suth	
	Jacks on vi	1/2 Florida	32221	
	Train	1/E FlowAst City/State and Zip Code 2 9 9 9 9 10 10 10 10 10 10 10 10 10 10 10 10 10	(A)	
	E-mail address: (10	o be used for future annua	al report notificati	on)
For further information	concerning this matter, please ca	lf:		
Troy	D Smitht of Person	at (904)_	904-61	14-8383 ephone Number
Name	of Person	Area Code	Daytime Tel	ephone Number
linelaced is a shoot for	the following amount:			
	-	Eless on en e	a	<b>5</b> 640 00 PW - 41
<b>2</b> \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is er		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

### MAILING ADDRESS:

TO:

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 DEBE'S REMOVA	1 4C
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our records.) lability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L./Siw219237</u> .	were filed on 9/14/2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty 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)	9717 VilliERS DE South Jacksonville Florida 32721
Enter new mailing address, if applicable:	9717 VATITES De South
(Mailing address MAY BE A POST OFFICE BOX)	Jacksonustie, Florida 32221
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	ALGO T
New Registered Office Address:	Enter Florida street address Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	· -

company has been notified in writing of this change.

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with a 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

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
		<del></del>	Add
			□ Remove
			☐ Change
			□ Remove
			Change
<del></del>			Add
			Remove
			□ Change
			□ Add
			☐ Remove
			☐ Change
			Remove
			Change
			Add
		<u></u>	□ Remove
			Change

E. Effective date, if other than the date of filing: $8/8/2019$ (optional)	
E. Effective date, if other than the date of filing: 0/0/0/0(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 tiling.) Pursuant to 605.020	7 (3
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.	s the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed.	of:
Dated July 27,2019.	
Signature of a member or authorized representative of a member	
Thors (Sm. 4H	
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00