

122 000047137

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

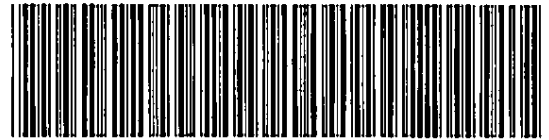
(Business Entity Name)

(Document Number)

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05/24/22--01015--020 **25.00

2022 MAY 24 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SHAJOM REMODELING SVCS 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:

MIGUEL A ARIZA ZAPATA

Name of Person

SHAJOM REMODELING SVCS LLC

Firm/Company

7400 HOGAN RD APT # 419

Address

JACKSONVILLE FL 32216

City/State and Zip Code

111tax333@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MIGUEL A ARIZA ZAPATA

at (210) 900-6394

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

FILED

2022 MAY 24 AM 10:39

SHAJOM REMODELING SVCS LLC

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

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 01-26-2022 and assigned Florida document number L22000047137

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

HLO CONSTRUCTION LLC

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:

1118 COLDFIELD DR

(Principal office address MUST BE A STREET ADDRESS)

JACKSONVILLE FL 32246

Enter new mailing address, if applicable:

1118 COLDFIELD DR

(Mailing address MAY BE A POST OFFICE BOX)

JACKSONVILLE FL 32246

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:

HECTOR L. ORTIZ

New Registered Office Address:

1118 COLDFIELD DR

Enter Florida street address

JACKSONVILLE

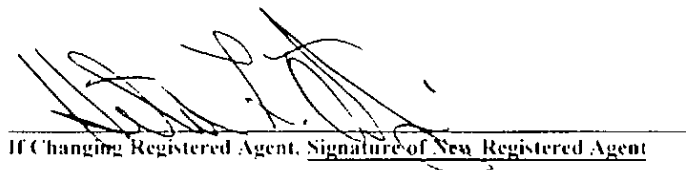
Florida 32246

City

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:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	HECTOR L. ORTIZ	1118 COLDFIELD DR JACKSONVILLE FL 32246	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MIGUEL A ARIZA ZAPATA	7400 HOGAN RD JACKSONVILLE FL 32216	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

PLEASE INPUT THIS 3 CHANGES:

1- PLEASE CHANGE THE COMPANY NAME FROM SHAJOM REMODELING SVC'S LLC TO
HLO CONSTRUCTION LLC.

2- PLEASE CHAGE THE REGISTER AGENT AND THE MGR FROM MIGUEL A ARIZA ZAPATA
TO HECTOR L ORTIZ.

3- CHANGE THE FISICAL AND MAILING ADDRESS FROM 7400 HOGAN RD APT # 419
JACKSONVILLE FL 32216 TO 11118 COLDFIELD DR JACKSONVILLE FL 32246.

2022 MAY 24 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

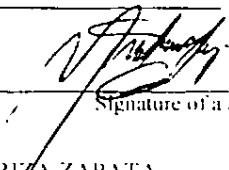
E. Effective date, if other than the date of filing: 05-14-2022 (optional)

(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 MAY 14, 2022



Signature of a member or authorized representative of a member

MIGUEL A ARIZA ZAPATA

Typed or printed name of signee