

L24 0000 43063

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

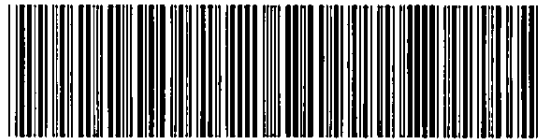
(Business Entity Name)

(Document Number)

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04/16/24--01025--022 **25.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: H.AZE CONSULTING SERVICES 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:

HANTDY LUIS DEL SOL

Name of Person

H.AZE CONSULTING SERVICES LLC

Firm/Company

8765 SW 133RD LANE RD.

Address

OCALA, FL 34473

City/State and Zip Code

ANDYLUIS1971@YAHOO.COM

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

For further information concerning this matter, please call:

HANTDY LUIS DEL SOL

at (786) 232-2632

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.AZE CONSULTING SERVICES 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 01/23/2024 and assigned Florida document number L24000043063.

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:

8765 SW 133RD LANE RD

(Principal office address MUST BE A STREET ADDRESS)

OCALA, FL 34473

Enter new mailing address, if applicable:

8765 SW 133RD LANE RD

(Mailing address MAY BE A POST OFFICE BOX)

OCALA, FL 34473

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:

HANTDY LUIS DEL SOL

New Registered Office Address:

8765 SW 133RD LANE RD

Enter Florida street address

OCALA

City

Florida 34473

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.


Hantdy Luis
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>
AMBR	HANTOY LUIS DEL SOL	16625 SW 197TH TERR	<input type="checkbox"/> Add
		MIAMI, FL 33187	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	HANTDY LUIS DEL SOL	8765 SW 133RD LANE RD.	<input checked="" type="checkbox"/> Add
		OCALA, FL 34473	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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