## KII 000046900

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### **COVER LETTER**

Division of Corpo	rations		
SUBJECT: H	ernandez Hom Name of Limited	e Services, LL Liability Company	<u></u>
The enclosed Articles of Ar	nendment and fee(s) are submitt	ed for tiling.	
Please return all correspond	ence concerning this matter to the	ne following:	
	Albel	Hernandez Name of Person	
		Firm/Company	
		34th Court Address	
		ity/State and Zip Code  dez 3770 @ aol e used for future annual report notificati	
For further information con	E-mail address: (to be cerning this matter, please call:	e used for future annual report notificati	on)
Abel Name of P	Hemandez	at ( <u>352</u> ) <u>484 -</u> Area Code Daytime Tel	8757 ephone 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:		Street Address:	

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

TO: Registration Section

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

Hernandez Ho	ome Services, Ll	<u>_C</u>
( <u>Name of the Limited Liability Comp</u> (A Florida Linuted	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document numberL11_0000 46900.  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liab		oll and assigned
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	4285 NE 34+n Ocala, FL	Court 34479
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	(same as a	bove)
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name on the new registered
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street address	PM L: 10
	, Florida	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 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>	Type of Action
MGRM	William Hernandez	3770 NE 86+h Lane	[_]Add
		Anthony, FL 32617	<b>V</b> IRemove
			⊡Change
MGRM	Juana Hernandez	3770 NE 86th Lane	
		Anthony, FL 32617	<b>%</b> Remove
			Change
MGRM	<u>Lillian Hernandez</u>	4285 NE 34th Court	<b>X</b> !Add
		Ocala, FL 34479	□Remove
			□Add
			Remove
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		FL CO	Remove
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(If an effective <u>Note:</u> If th	tate, if other the edate is listed, the one date inserted in s effective date or	iate must be spe this block do	citic and ca es not me	annot be prior et the applic	to date of fil able statuto	ing or more the ry filing requ	(opt an 90 days afto irements, th	er filing.) Pur	suant to 602 not be list	5.0207 (3 ed as th
ne record spe ord is filed.	ecifies a delayed c	effective date.	but not a	n effective ti	ime, at 12:0	I a.m. on the	e earlier of: (	b) The 90	nh day afte	er the
Dated	May 3	1		2022 X	) ,/	1	P			
		Signat	ure of a me	ember or huth	orized repres	entative of a r	nember			
				Alzel Typed or print		1				

# State of Florida Department of State

I certify from the records of this office that HERNANDEZ HOME SERVICES, LLC is a limited liability company organized under the laws of the State of Florida, filed on April 20, 2011.

The document number of this limited liability company is L11000046900.

I further certify that said limited liability company has paid all fees due this office through December 31, 2021, that its most recent annual report was filed on August 5, 2021, and that its status is active.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Fifth day of August, 2021



RAINUMBU
Secretary of State

Tracking Number: 2819770887CC

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfS tatus/CertificateAuthentication