1300003015

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COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:	Hemmerly S	ervices LLC		
SUBJECT		Name of Lim	ited Liability Company	
		Amendment and fee(s) are subsidence concerning this matter		
		Hollie Hemmerly		
			Name of Person	
		Hemmerly Services & Con	sulting LLC	
			Firm/Company	
		3355 Mary Draper Ct W		
			Address	
		Jacksonville, FL 32223		
			City/State and Zip Code	218777
		hemmerly@bellsouth.net		
		E-mail address: ()	to be used for future annual report notif	ication)
For further in	oformation co	ncerning this matter, please ca	all:	
			at ()	: Telephone Number
	Name of	Person	Area Code Daytime	: Telephone Number
Enclosed is a	check for the	e following amount:		
□ \$25.00 H	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)
	iling Address gistration S		Street Address: Registration Sec	rtion
	gistration 5 vision of Co		Division of Con	
	D. Box 6327		The Centre of T	₹

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hemmerly Services LLC			
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our recor Liability Company)	rds.)	
he Articles of Organization for this Limited Liability Company	y were filed on 01/07/2013		and assigned
orida document number L13000003015			
nis amendment is submitted to amend the following:			
If amending name, enter the new name of the limited lial	bility company here:		
emmerly Services & Consulting LLC			
ne new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LL	C" or the abbrev	riation "L.L.C."
nter new principal offices address, if applicable:		-(1) -(2)	023 HA
Principal office address MUST BE A STREET ADDRESS)		-,,-	7
		<u> </u>	<u> </u>
		e de la companya de l	<u>≃</u>
nter new mailing address, if applicable:			<u> بو</u>
failing address MAY BE A POST OFFICE BOX)	•	' ਜ	~
If amending the registered agent and/or registered office ent and/or the new registered office address here:	address on our records, <u>ente</u>	r the name o	f the new regis
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:	Enter Florida street addr		
	елиет с югца мген аааг	เวง	
		lorida	Zip Code
	City		<i>ър</i> Соив

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:

or remove	ved from our records:	
MGR =	Manager	
AMBR =	- Authorized Member	

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

. If amendin	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
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<u></u>	1.01
(If an effective Note: If the	late, if other than the date of filing: (optional) 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) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State's records.
he record spe ord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	3/2023 09:00 AM Helli P. Hummenty Signature of a member or authorized representative of a member
1	Signature of a member or authorized representative of a member Hollic P. Hemmerly
-	Typed or printed name of signce

Filing Fee: \$25.00