

L17 0000 80648

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

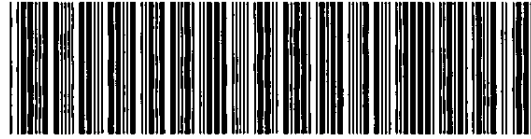
(Business Entity Name)

(Document Number)

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STATE OF CALIFORNIA  
SANTA ANA COUNTY

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HHC Remodeling 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:

Name of Person  
Accounting & Prof. Services Inc  
Firm/Company  
Po Box 1130  
Address  
OCoco, FL 34761  
City/State and Zip Code  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

F. Ruiz at (407) 656-3883  
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/COURIER ADDRESS:  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	JOSÉ A RODRIGUEZ	747 MARLENE DR	<input type="checkbox"/> Add
		00000, FL 34761	<input checked="" type="checkbox"/> Remove
		695 LICARIA DR	
MGR	MARIA H MEDINA	00000, FL 34761	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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14 JUN 19 3 30 PM '12  
 TALLAHASSEE, FLORIDA

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

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated JUNE 16, 2014

Jorge L Rodriguez  
Signature of a member or authorized representative of a member

JORGE L Rodriguez  
Typed or printed name of signer

Page 3 of 3  
Filing Fee: \$25.00

14 JUN 19 PM 3:12  
STATE  
TALLAHASSEE  
FLORIDA