## L150000 29485

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200399782572

01/18/23--01018--007 \*+80.00

3|23|23 V.W.

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: H-M 32 Painting & Cleaning, LC 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
H-W 32 Painting & Cleaning WC
311 Cavol Dr. Address
Type poxt, Fl. 32439 City/State and Zip Code
E-mail addless: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (850) 308-0194  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  S55.00 Filing Fee & □ \$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

(Name of the Limited Liability Compa (A Florida Limited)	any as it now appears on o	per records.)
The Articles of Organization for this Limited Liability Company Florida document number 1500029485	were filed on 211	1/2015 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liable that the same must be distinguishable and contain the words "Limited Liabienter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)		ation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office	address on our recor	ds, enter the name of the new registered
ngent and/or the new registered office address here:  Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	trect address
	City	, 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 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

1.1.4.4		
AMBR =	Authorized	Member

Title	<u>Name</u>	Address	Type of Action
AMBR	Suntus M. Redriguez	311 Cavol D. Freeport 7.324	<u>34</u> □∧dd
			Exemove
			□Change
		<u>,</u>	
			□Remove
			□Change
			□ <b>∧</b> dd
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

D, Ifamo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
-	
-	
· -	
-	
-	
-	
-	
-	
-	
-	
-	
_	
_	
(If an eff Note:	ive date, if other than the date of filing: 1/2023 (optional) ective 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)( If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the lent's effective date on the Department of State's records.
If the recor	d 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 led.
Dated	January 13, 2023.
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

. . . .