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S. WARREN

JAN 22 2018

ADD. S-G

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LHD 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:

HARVLY K DANIEL  
\_\_\_\_\_  
Name of Person  
  
LHD SERVICES LLC  
\_\_\_\_\_  
Firm/Company  
  
5550 CLIMBERY RD  
\_\_\_\_\_  
Address  
  
MOUNT DORA, FLORIDA 32757  
\_\_\_\_\_  
City/State and Zip Code  
  
lhdservicesllc@gmail.com  
\_\_\_\_\_  
E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

HARVLY K DANIEL, HILL, SENIOR MANAGING MEMB 352 973-5868  
\_\_\_\_\_  
Name of Person at ( ) 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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

LHD 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 8-26-2015 and assigned  
Florida document number L15000146363.

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:**

**(Principal office address MUST BE A STREET ADDRESS)**

5550 CEMETERY RD

MOUNT DORA FLORIDA 32757

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

5550 CEMETERY RD

MOUNT DORA FLORIDA 32757

**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:

HARVEY K DANIEL/MANAGING MEMBER AND RA

New Registered Office Address:

5550 CEMETERY RD

*Enter Florida street address*

MOUNT DORA

Florida

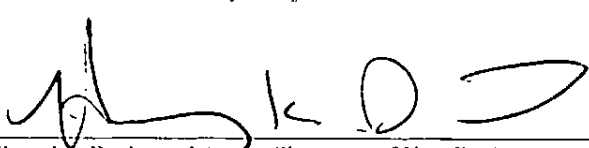
32757

*City*

*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  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	STACY L FLANAGAN	2400 SUMMER BROOK ST	<input checked="" type="checkbox"/> Add
		MELBOURNE FLORIDA 32757	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GERALDINE TAYLOR -N-E	5550 CEMETERY RD	<input checked="" type="checkbox"/> Add
		MOUNT DORA FL 32757	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

- (1) LHD SERVICES LLC IS A RENTAL HOME COMPANY. IT IS NOT WINDING DOWN.
- (2) HARVEY K DANIEL 100% ASSET HOLDER AND OWNER AND THE ONLY ECONOMIC MEMBER C
- (3) HARVEY K DANIEL THE OWNER OF ALL PROPERTY, ASSET, CHECKING ACCT COMPANY OR T
- (4) NO OTHER MEMBERS OR MANAGERS SINCE FORMATION ARE "NON ECONOMIC" MEMBERS /
- (5) HARVEY K DANIEL MANAGING MEMBER SOLELY HAS AUTHORITY TO ADD OR REMOVE MGR
- (6) THE MAJORITY INTEREST HOLDERS THE ONLY MEMBERS WITH AUTHORITY TO SIGN FILINGS  
STATEMENT OF AUTHORITY, EXECUTE DEEDS, TRANSFER PROPERTY, BIND, OR SIGN ANYTHING  
FINANCIAL DOCUMENTS, OPEN AND CLOSE CHECKING ACCOUNTS, MAY SIGN EXECUTIVE ORD
- (7) LHD SERVICES LLC CAN STAY ACTIVE IF A MEMBER IS REMOVED, ADDED, OR MEMBER CONDU
- (8) THE MAJORITY INTEREST HOLDER OWNS ANY TRANSFERRED PROPERTY, FUNDS AND CAN DI  
FROM MEMBERS NAMES OR AFFILIATED COMPANIES SINCE FORMATION, W/ DEMAND LETTER
- (9) ONLY THE MAJORITY INTEREST HOLDER CAN SELL OR SIGN OFF ON REAL PROPERTY.
- (10) ALL NEW OR PRIOR MGR OR MEMBERS ARE ALL NON ECONOMIC MEMBER OF LHD SERVICES
- (11) VOTING REQUIRES HARVEY K DANIEL TO VOTE AND SIGN IF EVER OCCURRED
- (12) TRANSFERRING REAL PROPERTY OR FUNDS BY ANY OTHER MEMBER IS PROHIBITED
- (13) MAJORITY MEMBER IS AUTHORIZED WITHOUT NOTICE TO VOTE, MEETINGS, amend articles

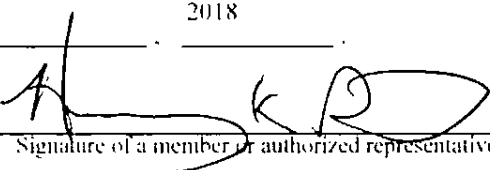
**E. Effective date, if other than the date of filing:** January 15, 2018 (optional)

(If an effective 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)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 15th of JANUARY, 2018

  
Signature of a member or authorized representative of a member

HARVEY K DANIEL, MANAGING MEMBER OF LHD SERVICES LLC.  
Typed or printed name of signer

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STATE OF MICHIGAN

Exhibit A

FROM : DATE 1/14/2018  
LHD SERVICES LLC.  
5550 CEMETERY RD  
MOUNT DORA ,FLORIDA 32757

TO:  
Lucius H Daniel Jr.  
208 Sunrise Lane  
Eustis, Florida 32726

Dear Lucius H Daniel Jr.:

Your Registered Agent Services with LHD Services LLC will be officially terminated on January 18TH ,2018.

REASON :  
Your Registered Agent Services Are No Longer needed by The Company.

We ask that you return the following company property by January 18, 2018:

All documents, mail, account records , all LHD services llc information

Your final paycheck will be mailed to your address on file. Please return  
all documents ,Filings, Contracts,Assets ,Property owned by Company.

PLEASE RETURN ALL THE ABOVE TOO:

Harvey K Daniel  
5550 Cemetery Rd  
Mount Dora Florida 32757

Sincerely,

  
Harvey K Daniel  
LHD SERVICES LLC MANAGING -MEMBER

Harvey K Daniel  
LHD SERVICES LLC

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MOUNT DORA, FLORIDA

Exhibit B

Enclosed For Your Records :

- (1) STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT  
BOTH FOR LIMITED  
LIABILITY COMPANY.
- (2) AFFIDAVIT OF AUTHORITY OF LHD SERVICES LLC.
- (3) AFFIDAVIT OF ACKNOWLEDGMENT OF DUTIES OR REGISTERED AGENT.

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JAN 17 2018

## Affidavit of HARVEY K DANIEL

STATE OF FLORIDA  
COUNTY OF ORANGE

The undersigned, HARVEY K DANIEL, being first duly sworn, do hereby state under oath and under penalty of perjury that the following facts are true:

1. I am over the age of 18 and am a resident of the State of Florida. I have personal knowledge of the facts herein, and, if called as a witness, could testify completely thereto.
2. I suffer no legal disabilities and have personal knowledge of the facts set forth below.
3. I HARVEY K DANIEL UNDERSTAND THE DUTIES OF A REGISTERED AGENT LISTED BELOW. Florida Registered Agent Requirements Florida's statutes hold registered agents operating in the states accountable for only the most basic of services. A Florida registered agent's duties are outlined below: Have a Physical Address Registered agents must have a registered office in Florida. This registered office can be any type of physical residence where mail and service of process can be delivered and accepted in person. A home, business, or office suite number will all suffice as an adequate registered office address. P.O. boxes and virtual offices are unacceptable. Be Available A registered agent in Florida must be generally available to accept service of process during normal business hours. Accept Service of Process The primary duty of all registered agents in Florida is to accept service of process on behalf of the business to which the agent has been appointed. The registered agent must accept service from a process server and forward the documents the agent has received to the individuals in charge of the business entity involved in the lawsuit. Receive Official Notices During their tenure as a Florida business' registered agent, agents will receive other important documents like tax notifications and annual report reminders on behalf of the business entity they serve and must be capable of forwarding those legal documents as well.
4. I HARVEY K DANIEL AS A CURRENT MANAGING MEMBER OF LHD SERVICES LLC WITH AUTHORITY TO : TAKE RESPONSIBILITY OF THE REGISTERED OF LHD SERVICES LLC AS OF THE 13TH DAY OF JANUARY 2018

I declare that, to the best of my knowledge and belief, the information herein is true, correct, and complete.

Executed this 17<sup>th</sup> day of January, 20 18.

[Signature] k. D. D. managing member  
HARVEY K DANIEL LHD Services LLC

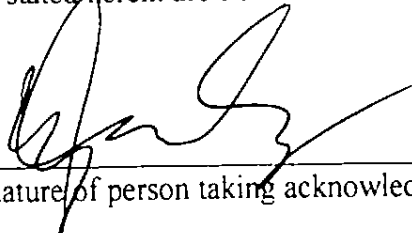
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FLORIDA

**NOTARY ACKNOWLEDGEMENT**

*1-20-21*  
Affidavit of  
Harvey K  
Daniel

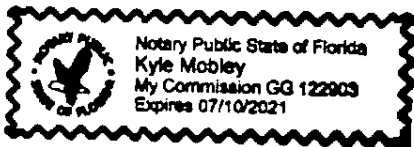
STATE OF FLORIDA, COUNTY OF ORANGE, ss:

The foregoing Affidavit was acknowledged before me this 17<sup>th</sup> day of  
January, 2010 by HARVEY K DANIEL, who is personally known to me or  
who have produced Driver's License as identification, and being first  
duly sworn on oath according to law, deposes and says that he/she has read the foregoing  
Affidavit subscribed by him/her, and that the matters stated herein are true to the best of his/her  
information, knowledge and belief.

  
\_\_\_\_\_  
Signature of person taking acknowledgment

Kyle Mobley  
\_\_\_\_\_  
Name typed, printed, or stamped

Notary Republic  
\_\_\_\_\_  
Title or rank



\_\_\_\_\_  
Serial number (if applicable)

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