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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

K. SALY
EXAMINER
MAY 17

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HS REMODELING & PAINTING, 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:

HECTOR DANIEL SANCHEZ
Name of Person
HS REMODELING & PAINTING, LLC
Firm/Company
549 Sam Chase Place.
Address
Orange Park 32273
City/State and Zip Code
hs_painting@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hector Sanchez at (904) 442-1049
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

HS REMODELING & PAINTING, LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

FILED
2016 MAY 16 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on Orange Park Fl. and assigned Florida document number 116000019833.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

HS REMODELING & PAINTING, LLC

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)

549 Sam Chase Place Orange Park
32073

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

549 Sam Chase Place Orange Park
32073

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:

HECTOR D. SANCHEZ

New Registered Office Address:

549 Sam Chase Place Orange Park Fl. 32073

Enter Florida street address

FL

Florida

32073

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>
<u>R</u>	<u>Hector D. SANCHEZ</u>	<u>5219 Sam Chase Pl. Orange Park 32073</u>	<input type="checkbox"/> Add
		<u>Damaris Carlo</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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2016 MAY 16 AM 11:28
SECRETARY OF STATE
ALACHUA COUNTY FLORIDA

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

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2016 MAY 18 AM 11:22
CLERK OF DISTRICT COURT
STATE OF FLORIDA
TALLAHASSEE

E. Effective date, if other than the date of filing: May 13 2016 (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

May 13 | 2016

Signature of a member or authorized representative of a member

HECTOR D. SANCHEZ

Typed or printed name of signee