Lib 0000 76419

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	cument Number)	
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COVER LETTER

	egistration Sec ivision of Corp			
eud ipæt	H&C Home	Services of Naples LLC		
SUBJECT	:	Name of Lim	ited Liability Company	
The enclose	ed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please retu	rn all correspor	ndence concerning this matter	to the following:	
		Casey Zientek		
			Name of Person	
		H&C Home Services of Na	aples LLC	
			Firm/Company	
		5523 25th Place SW		
			Address	
		Naples, Florida 34116		
			City/State and Zip Code	
		handyman1810@gmail.com		
		E-mail address: (to be used for future annual report notifi	cation)
For further	information co	ncerning this matter, please ca	all:	
Casey Zien	itek		239 919-6287	
"	Name of	Person		Telephone Number
Enclosed is	a check for the	e 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

H&C Home Services of Naples LI		<u> </u>
(Name of the Lim	ited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited I Torida document number L16000076419	Liability Company were filed on Apr	ril 18, 2016 and assigned
his amendment is submitted to amend the fol	lowing:	
a. If amending name, enter the new name	of the limited liability company he	<u>re</u> :
he new name must be distinguishable and contain the	words "Limited Liability Company," the de	esignation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE.	ET ADDRESS)	
nter new mailing address, if applicable:		
<u> Mailing address MAY BE A POST OFFICE</u>	<u> </u>	
. If amending the registered agent and	l/or registered office address on	our records, enter the name of the
existered agent and/or the new registered of		× ₀
Name of New Registered Agent:	Casey N. Zientek	*** ** ** ** ** ** ** **
New Registered Office Address:	5523 25Th PLACE SW	S S S S S S S S S S S S S S S S S S S
	Enter Flor	ida street address
	Enter Flor	ida street address , Florida 241167

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

Page 1 of 3

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>	Address	Type of Action
MGR	Harry Zientek	5523 25th Place SW	□ Add
		Naples, Florida 34116	■ Remove
			Change
			Add
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			Change
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fective date, if other than effective date is listed, the d	in the date of filir	ng:	to date of filing or me	(option	nal)
ote: If the date inserted in ocument's effective date on	this block does not	meet the applic	able statutory filing	g requirements, this	date will not be listed
record specifies a de The 90th day after th			ot an effective t	me, at 12:01 a.	7 3
. May 23,2016					MIY 3
ited		·, ——	_·		888
		7	1		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00