L16000163056

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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SER OS 2016 J. HARRIS

COVER LETTER

Divi	ision of Corp	orations		•
SUBJECT:	HNR LAWN	SERVICES LLC		
ochonor.		Name of Limi	ited Liability Company	
The enclosed	Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		MONICA OROZCO		
			Name of Person	
		MONITAX LLC		
			Firm/Company	
		1404 E SILVER STAR RD		
			Address	
		OCOEE FLORIDA 34761		
			City/State and Zip Code	
		MONILIZ84@GMAIL.COI		
			o be used for future annual report no	tification)
For further in	formation co	ncerning this matter, please ca	ill:	
MONICA O	ROZCO		407 715-9496 at()	
	Name of	Person	Area Code Dayti	me Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 F	iling 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:

TO:

Registration Section

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

HNR LAWN SERVICES LLC		
(Name of the Limited Liability (A Florida	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number L16000163056	ompany were filed on 08/30/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	
		750 <u>-</u>
Enter new mailing address, if applicable:		6 SEP
(Mailing address MAY BE A POST OFFICE BOX)		25 A 11
		四年 建二二醇
B. If amending the registered agent and/or registe	1 000 11	STAT
B. If amending the registered agent and/or registered agent and/or the new registered office addresses	ered office address on our records, <u>en</u> ess here:	ter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	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>	Address	Type of Action
CEO	RAFAEL HERNANDEZ	1272 TARATINE DR	
		WINTER GARDEN FL, 34787	■ Remove
			☐ Change
MGR	RAFAEL HERNANDEZ	1272 TARATINE DR	■ Add
		WINTER GARDEN FL, 34787	□ Remove
			Change
			☐ Remove
			Change
			Add
			□ Remove
			□ Change
			Remove Change
			B.Add R.B.E. Oo Remove
			Change.

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fective date, if other than the in effective date is listed, the date must ote: If the date inserted in this blument's effective date on the D	st be specific and cannot be prior to date of file ock does not meet the applicable statuto	(optional) ing or more than 90 days after filing.) P ory filing requirements, this date wi	ursuant to 605.0207
record specifies a delayed	d effective date, but not an effection ord is filed.	ctive time, at 12:01 a.m. or	n the earlier of
ne youn day after the rec			
SEPTEMBER 02	2016		
SEPTEMBER 02	, 2016	IAL	1.0 <u>→</u>
SEPTEMBER 02	Homandes ?	IALLA	16 SE
The 90th day after the rected SEPTEMBER 02 Grant Control of the c	Homandes ?	entative of a member	္ေတ

Page 3 of 3
Filing Fee: \$25.00