Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 : (813)436-5206 Fax Number

\*\*Enter the email address for this business entity to be used for future and several address please.\*\*

Email	Address:	 		
	•			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JOSEPHDETRAPANI LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

T. LEMIEUX

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JOSEPHDETRAPANI LLC				
(Name of the Limited Liability Comps (A Florida Limited	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number L18000108311	were filed on 04/30/18	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ollity company here:			
H Town Services LLC				
The new name must be distinguishable and contain the words "Limited Liabi	fity Company," the designation "LLC" or the a	abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	10218 Charleston Corner Rd			
Principal office address MUST BE A STREET ADDRESS)	Tampa, FL 33635			
Enter new mailing address, if applicable:	10218 Charleston Corner Rd			
Mailing address MAY BE A POST OFFICE BOX)	Tampa, FL 33635			
		\2 - 2		
<ol> <li>If amending the registered agent and/or registered office agent and/or the new registered office address here:</li> </ol>	address on our records, enter the na	me of the new regis		
gent and of the new registered office address here.		-		
Name of New Registered Agent:		ن د د		
		• •		
New Registered Office Address:	Enter Florida street address	<u>छ।</u> 		
	, Florida	~		
·	City	Zin 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

12/13/2023 10:35:25 PST

To: 18506176383

Page: 3/4

From: Registered Agents Inc

Fax: 8134365206

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

Title	<u>Name</u>	Address	Type of Action
Owner	DETRAPANI, JOSEPH	646 GREEN VALLEY RD APT A5	🗆 Add
		PALM HARBOR, FL 34683	
			Change
AMBR	DETRAPANI, JOSEPH	10218 Charleston Corner Rd	
		Tampa, FL 33635	□Remove
			□Change
			□Add
			□Remove
		<del></del>	□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change

12/13/2023 10:35:25 PST	To: 18506176383	Page: 4/4	From: Registered Agents Inc	Fax: 8134365206
12/13/2023 13:33 23 FG 1	10. 10300170303	raye. 4/4	From Registered Agents inc	1 ax. 0134303200

DETRAPANI, JOSEPH				
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Татра, FL 33635				
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Effective date, if other than the If an effective date is listed, the date must Note: If the date inserted in this blodocument's effective date on the Do	ock does not meet the appli	icable statutory filing	grequirements, this date w	fursuant to 605,0207 (3) ill not be listed as the
e record specifies a delayed effective rd is filed.	e date, but not an effective	time, at 12:01 a.m. o	on the earlier of: (b) The	Hith day after the
Dated December 12	2023	·		
	Redai 12. Signature of a member or aut	juney	,	

Filing Fee: \$25.00