118000145597

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	:y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificate	s of Status
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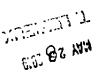
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COVER LETTER

	tration Sec ion of Corp			:
	I W MULT	TSERVICES LLC		`
SUBJECT: _		Name of Lim	ited Liability Company	
The enclosed z	Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return a	ill correspor	ndence concerning this matter	to the following:	
		FRANK CRUZ		
			Name of Person	
		ACCOUNTING UNLIMIT	TED SOLUTIONS INC	
			Firm/Company	
		8019 N. HIMES AVE, ST	E. 503	
			Address	
		TAMPA, FL 33614		
		TAXMAN.FRANKC@GM	City/State and Zip Code IAIL.COM	
		E-mail address; (to be used for future annual report notifi	cation)
For further info	ormation co	oncerning this matter, please ca	all:	
FRANK CRU	Z		813 280-2958 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a c	theck for the	e following amount:		
■ \$25,00 Fil	ing 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

FILED

H W MULTISERVICES LLC

(Name of the Limited Liability Company as it now appears on our recording HAY 13 A II: 46

The Articles of Organization for this Limited Liability Company	were filed on JUNE	13TH, 2018
Florida document number L18000145597		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the desig	nation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of	fice address on ou	ir records, enter the name of the nev
registered agent and/or the new registered office address here	<u>:</u> :	
Ninner of Ninn Designated August		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	ata ant and de con
		, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	C I.Ç.	24) (0.11
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my provided for in Cha	duties, and I am familiar with and per 605, F.S. Or, if this document is

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
AMBR	EDWIN RODRIGUEZ	5409 GINGER COVE DR APT, F TAMPA, FL 33634-7448	∃ Add
			☐ Remove
			Change
			Add
			Remove
			Change
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an effective date is listed, the date Sote: If the date inserted in th	the date of filing: must be specific and cannot be p is block does not meet the app ne Department of State's recor	rior to date of filing or more the dicable statutory filing rec		
e record specifies a dela The 90th day after the	ayed effective date, but record is filed.	not an effective time	, at 12:01 a.m. on the	earlier o
MAY 8TH	2019			
1 10/2))			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00