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	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name	<u>e) </u>
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(1)0	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:	Registration Sect Division of Corpo		· · · · · · · · · · · · · · · · · · ·	* •
SUBJE		EN & BATH RENOVATION	NS LLC	•
SUDJI	sc1:	Name of Lim	ited Liability Company	
The en	closed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please	return all correspond	dence concerning this matter	to the following:	
		JOHAN JOSE FERNAND	EZ TOLOZA	
			Name of Person	
			Firm/Company	
		6134 NW REGENT ST		
			Address	
		PORT ST LUCIE FL 349	83	
		johan7693.jt@gmail.com	City/State and Zip Code	
		·	to be used for future annual report no	otification)
For fur	ther information cor	scerning this matter, please ca	all;	
JOHA	N JOSE FERNAND	EZ TOLOZA	786 7149438 at ()	
Name of Person		Area Code Dayti	me Telephone Number	
Enclos	ed is a check for the	following amount:		
≡ \$2.	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address: Registration Se Division of Cor P.O. Box 6327 Tallahassee, FL	porations	Street Address: Registration S Division of Co The Centre of 2415 N. Mont Tallahassee, F	orporations Tallahassee oc Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HJV KITCHEN & BATH RENOVATIONS LLC

company has been notified in writing of this change.

(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) Liability Company)	``.	
The Articles of Organization for this Limited Liability Company	were filed on	and assigned	
Florida document number L18000207525		○ 52-44- #676	
This amendment is submitted to amend the following:		A	
A. If amending name, enter the new name of the limited liab	lity company here:	<u>'</u>	
HJV SERVICES LLC			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" of	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	134 NW REGENT ST PORT ST	LUCIE FL 34983	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>		
			
Enter new mailing address, if applicable:	134 NW REGENT ST PORT ST	LUCIE FL 34983	
(Mailing address MAY BE A POST OFFICE BOX)			
		· · · · ·	
B. If amending the registered agent and/or registered office a	ddress on our records, <u>enter th</u>	e name of the new registered	
agent and/or the new registered office address here:			
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 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	performance of my duties, and provided for in Chapter 605, F.,	I am familiar with and 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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
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ffective date, if other than the da	ite of filing:		(,	optional)	
an effective date is listed, the date must be	specific and cannot be	prior to date of film	ig or more than 90 days	after filing.) Pursuant	to 605.0207
lote: If the date inserted in this block ocument's effective date on the Department			y liling requirements	, this date will not b	e listed as
record specifies a delayed effective d	ate, but not an effect	tive time, at 12:01	a.m. on the earlier o	f: (b) The 90th day	y after the
l is filed.					
, 06/23/2023					
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Typed or printed name of signee