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COVER LETTER

TO: Registration Se Division of Cor				
	VICES PEOPLE LLC			
SUBJECT.	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	HUGO CHACIN			
	MANACER	Name of Person	 	20
	MANAGER		الله الله الله الله الله الله الله الله	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
	4098SW 114CT	Firm/Company		2018 NOV 26 AP
	OCALA FL 34481	Address		, -
	hhservicespeople@email.co	City/State and Zip Code		
	E-mail address: (to be used for future annual report notifi	cation)	
For further information of	oncerning this matter, please c	all:		
HUGO CHACIN		954 6040376		
Name o	f Person	at () Area Code Daytime	Telephone Number	_
Enclosed is a check for the	he 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 F Certificate of Certified Copy (additional copy i	Status & y
	ING ADDRESS:	STREET/COURIE	ER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H&H SERVICES PEOPLE LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 10/22/2018 and assigned Florida document number L18000247287 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: H&H SERVICES CF LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 4098SW 114 CT Enter new principal offices address, if applicable: OCALA FL 34481 (Principal office address MUST BE A STREET ADDRESS) hhservicespeople@gmail.com Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter-the 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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		
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	HUGO CHACIN	4098SW 114CT OCALA FL 34481	■ Add
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record specifies a delayed he 90th day after the reco		n effective time, at	12:01 a.m. on 1	the earl	ier c
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Filing Fee: \$25.00