

L18000249180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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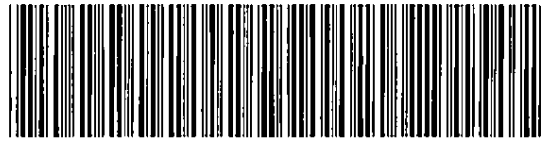
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
HALL COUNTY, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: H C REMODELING HOME SERVICE, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

HENRY E. CASTANEDA

Name of Person

H C REMODELING HOME SERVICES, LLC

Firm/Company

19800 SW 180 AVENUE, LOT 150

Address

MIAMI, FL 33187

City/State and Zip Code

HENRY E CASTANEDA

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HENRY E. CASTANEDA

305 322-7778
at ()

Name of Person

Area Code

Daytime Telephone Number

SECRET
TALLAHASSEE, FL

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Enclosed is a check for the 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 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

H C REMODELING HONE SERVICE, LLC

The Articles of Organization for this Limited Liability Company were filed on 10/23/2018 and assigned Florida document number L18000249180

A. If amending name, enter the new name of the limited liability company here:

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 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

_____, 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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|------------------------|------------------------------|--|
| AMBR | DENIA A. LENDOS AQUINO | 19800 SW 180 AVENUE, LOT 150 | <input checked="" type="checkbox"/> Add |
| | | MIAMI, FL 33187 | <input type="checkbox"/> Remove |
| | | 19800 SW 180 AVENUE, LOT 150 | <input checked="" type="checkbox"/> Change |
| MGR | HENRY CASTANEDA | MIAMI, FL 33187 | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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SECRETARY OF STATE
TALLAHASSEE, FL

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated FEB/07 2023

AMBR HENRY CASTANEDA

Typed or printed name of signee

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SECD DIV OF STATE
TALLAHASSEE, FL

