L19 0000 56968

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amend/ Name Chang

COVER LETTER

TO: Registration S Division of Co		•			
YARDM/	, AN HANDYMAN SERVICES I	LLC .			
SUBJECT:	Name of Lim	nited Liability Company			
The englaced Asticles of	f Amendment and fee(s) are sub	mitted for filing			
		<u> </u>			
Please return an corresp	oondence concerning this matter	to the following.			
	ELEONORA MUNOZ				
		Name of Person			
	TAX SERVICES, LLC				
		Firm/Company			
	220 NE 51ST STREET				
		Address			
	OAKLAND PARK, FL 3	3334			
		City/State and Zip Code			_
	OFFICE@TAXSERVFL.	COM to be used for future annual report notification	<u></u>	2	3 34
For further information	concerning this matter, please c	·	.,	20 HAY 11	문원 무원
ANDREA CHLIMPER	₹	954 271-4441			12. 4. 13. 4. 13. 4. 13. 14. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15
Name	of Person	Area Code Daytime Telep	phone Number	AH 9: 2'	PPGRATI
Enclosed is a check for	the following amount:			្យា	0. 0.
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Statu Certified Copy (additional copy is enclo		
Mailing Addr Registration		Street Address: Registration Section			
Division of	Corporations	Division of Corporat			
P.O. Box 63	27	The Centre of Tallah	assee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



2020 HAY 11 PM 2: 08

FLORIDA DEPARTMENT OF STATE Division of Corporations

April 27, 2020

ELEONORA MUNOZ TAX SERVICES, LLC 220 NE 51ST STREET OAKLAND PARK, FL 33334

SUBJECT: YARDMAN HANDYMAN SERVICES LLC

Ref. Number: L19000056968

We have received your document for YARDMAN HANDYMAN SERVICES LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 020A00008657

Division of Company in a D.O. DOV COOK Mallahama File 11, 2001

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

20 May 1 My 9: 25

YARDMAN HANDYMAN SERVICES 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 I	Liability Company were filed on FEE	and assigned
Florida document number L19000056968	·	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company her	<u>re</u> :
HMW MANAGEMENT, LLC		
The new name must be distinguishable and contain the	words "Limited Liability Company," the de-	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u> </u>	
B. If amending the registered agent and/or agent and/or the new registered office address.		cords, <u>enter the name of the new registered</u>
	•	
Name of New Registered Agent:	HORACE WHITE	
New Registered Office Address:	8888 S SAN ANDROS	
	Enter Florid	da street address
	WEST PALM BEACH	, Florida ³³⁴¹¹
	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.

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
			□Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			□Remove
			□ Change
			□Add
			Remove
			□Change

	
	
	
Effect	tive date, if other than the date of filing: (optional)
	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
docum	nent's effective date on the Department of State's records.
the reco cord is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	7 APA-1 2020
Dated	
Dated	
Dated	Hong A A
Dated	Home Minimum Signature of a member or authorized representative of a member

Filing Fee: \$25.00