L19000210502

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entry Hame)
(Document Number)
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COVER LETTER

TO:

Registration Section
Division of Corporations

Mailing Address:

P.O. Box 6327

Registration Section

Division of Corporations

Tallahassee, FL 32314

SUBJECT: HIZ	and Herz Name of Limit	Home Help, ted Liability Company	LLC
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspond	dence concerning this matter t	to the following:	
	Robert B	Cumble II	
	HIZ and	Herz Home H	elp, LIC
	301 13TH	Street	
	St. Augusti Robcumbie @	ne, FL 32081 City/State and Zip Code 2 amail. com o be justed for future annual report notif	fication)
For further information cor	ncerning this matter, please ca	tt:	
Robert B. Cu	emble III	at (<u>386</u>) <u>314 - 6.</u> Area Code Daytime	546 e Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	71 \$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)

Street Address:

Registration Section

Division of Corporations
The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

F ...

HIZ and Herz Home	Helo. LLC
	Company as It now appears on our Project 7 - 1 PH 9: 07
The Articles of Organization for this Limited Liability Com Florida document number <u>L19000210502</u> .	npany were filed on 8/19/2619 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited Rustic Coast DesignZ The new name must be distinguishable and contain the words Limited	d liability company here: Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRES)	301 13 TH Street 5t. Augustine, FL 320BH C/O Robert B. Cumbre
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Robert B. Cumbie II 301 13TH Street St. Augustine, FL 32084
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	ffice address on our records, <u>enter the name of the new registered</u>
	13 TH Street Enter Florida street address
S+. New Registered Agent's Signature, if changing Registered A	Augustine Florida 32081 Zip Code

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>	Type of Action
			□Add
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N 011	NONI		□Change
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			□Remove

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(If an ef Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
Dated	9/21/2024 Kolma D. Contin II
	Robert B. Cumbie II.

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Filing Fee: \$25.00