L20 0000 25608

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(,,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300340183973

02/08/20--01018--022 **80.00

FILED
2020 FEB -6 AM 8: 21

Anundlas

MAR 0 3 2020 I ALBRITTON

COVER LETTER

TO:	Registration Section Division of Corporation	rations		
SUBJE	ст:Nation	al J-P Pa	rking Lot Mi	ulti Services l
		Name of Emili	cu maomy company	
The enc	losed Articles of An	nendment and fee(s) are subn	nitted for filing.	
Please r	eturn all corresponde	ence concerning this matter t	o the following:	
	-	Jose F S	Name of Person	anchez
			Firm/Company	
		12633 Le	mon Peppe	er Dr
	(Rivervieu	City/State and Zip Code	578
	-	Ferchose E-mail address: (to	be used for future annual report notifie	2 notmail. com
		cerning this matter, please ca		
Jos	sef S	errano S	Area Code (813)	607-1312
	Name of Pe	erson	Area Code Daytime	l'elephone Number
Enclose	d is a check for the t	following amount:		
□ \$ 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 Status & Certified Copy (additional copy is enclosed)

Mailing Address:

TO:

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

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

Hi Services LLC

The Articles of Organization for this Limited Liability Company w	ere filed on $01/21/2020$ and assigned
Florida document number <u>L 20000 25</u> 608	5
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	ty company here:
The new name must be distinguishable and contain the words "Limited 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 ADDRESS)	2020
_	A TI
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	2 5 0
	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
	72
B. If amending the registered agent and/or registered office add agent and/or the new registered office address here:	ress on our records, enter the name of the new registered
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>	Address	Type of Action
MBR	Jose F	12633 Lemon Pepp rez Riverview, F1 33579	r Dr
	Serrano sunci	Riverview, F1 33579	8 □Remove
			Dehange
rMBR	Johana F	12633 Lenion Pepper D Riverview, Fl 33578	<u></u> □Add
	ACOSTA JIII CITEZ	Riverview, Fl 33578	S □Remove
		<u> </u>	©Change
			□Add
			□ Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
			□Change
			
			□Remove
			□Change

If amen	ding any o				ttach additional sheet		
<u></u>	<u>Iniy</u>	<u>Char</u>	<u> 19e</u>	+1+16	+rom	membe	_ / _
1	1895	iden-	+ +0	ALH	horized	<u>membe</u>	<u>r</u> (A) N
	_					<u> </u>	
							_
_	. <u> </u>						_
	<u>. </u>						-
							_
							_
_	. <u>-</u>						_
_			<u> </u>				_
	_						_
_				<u>-</u>			_
-	_				-		_
				_			_
•				. <u>-</u>			_
If an effect Note: I	ctive date is lift the date in	isted, the date mu iserted in this b	e date of filing and block does not mean of Separtment of S	cannot be prior to da neet the applicable	te of filing or more than 90 statutory filing requiren	(optional) days after filing.) Pursuant to 6 nents, this date will not be l	605.0207 (3) isted as the
			ed effective d cord is filed.	ate, but not ar	effective time, at	12:01 a.m. on the ea	rlier of:
Dated _	02/	03	7	2020.			
			Signature of a r	nember or authorized	I representative of a memb	er	
		05 <u>e</u>	F S	CYYO.C Typed or printed na	me of signer	nchez	

Page 3 of 3