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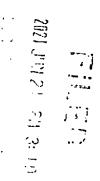
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Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor			
	EZ ROOFING SERVICES LI	LC	•
SUBJECT:	Name of Lim	ited Liability Company	
		single Co Sline	
	Amendment and fee(s) are sub		
Please return all correspo	ndence concerning this matter	to the following:	
	LESLY DOVAL		
		Name of Person	
	HERNANDEZ CARPENT	TRY SERVICES LLC	, n7
		Firm/Company	
	1309 S 33RD ST		77 Jun 2 ' PH
		Address	
	FORT PIERCE, FL 34947		
		City/State and Zip Code	
	LESLYDOVAL5@GMAIL E-mail address: (LCOM to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	all:	
LESLY DOVAL		772 302-9858	
Name o	f Person	at ()	me Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 5 Status & Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Solvision of Control P.O. Box 632	Section Corporations 17	Street Address: Registration S Division of Co The Centre of 2415 N. Monr	orporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now app (A Florida Limited Liability Compan	ears on our records.) y)
The Articles of Organization for this Limited Liability Company were filed on	09/16/2020 and assigned
Florida document number L20000291930	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	here:
HERNANDEZ CARPENTRY SERVICES LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the	ne designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
• •	72
Principal office address MUST BE A STREET ADDRESS)	<u> </u>
	12
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	,
. If amending the registered agent and/or registered office address on ou	r records, enter the name of the new reg
gent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
Enter	Florida street address
	. Florida
	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
			□Add
			□Remove
			Change
			□ Add
			Remove
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			□Remove
			Change

				
				
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ective date, if other than the effective date is listed, the date mu te: If the date inserted in this b cument's effective date on the I	st be specific and cannot be prio lock does not meet the appli	r to date of filing or more the cable statutory filing req	(optional) nan 90 days after filing, uirements, this date) Pursuant to 605.020 will not be listed as
cord specifies a delayed effection is filed.	e date, but not an effective t	ime, at 12:01 a.m. on th	e earlier of: (b) Th	e 90th day after the
JUNE 16	2021			
	Signature of a member or auth	<u> </u>		
of Johns	<u> </u>		<u> </u>	