(Re	questor's Name)
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
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January 25, 2021

HENRI C. LABRANCHE 3617 RIVERLAND ROAD FT. LAUDERDALE, FL 33312

SUBJECT: H & L COMPUTER AND TAX SERVICES LLC

Ref. Number: L20000298112

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE INCLUDE ON THE SECOND PAGE OF YOUR DOCUMENT THE NAME AND ADDRESS OF EACH PERSON BEING ADDED OR DELETED.

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.

Letter Number: 921A00001637

Darlene Connell
Regulatory Specialist II Supervisor

www.sunbiz.org

COVER LETTER

	Name of Lin	ited Liability Company	-
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	LABRANCHE, HENRI C		
(additional copy is enclosed) Certified Copy			
	H & L COMPUTER AND	TAX SERVICES 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: LABRANCHE, HENRI C Name of Person H & L COMPUTER AND TAX SERVICES LLC Firm/Company 3617 RIVERLAND RD Address FORT LAUDERDALE, FL 33312 City/State and Zip Code HLABRANC@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LABRANCHE, HENRI C Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: Enclosed is a check for the following amount: Expression of Status Certificate of Status Certifical Copy (additional copy is enclosed)	·····		
	3617 RIVERLAND RD		
		Address	
	FORT LAUDERDALE, F	L 33312	
		City/State and Zip Code	
	HLABRANC@YAHOO.C	OM	
	E-mail address: (to be used for future annual report notifica-	ation)
For further information co	oncerning this matter, please c	all:	
LABRANCHE, HENRI	c	at ()	
Name o	f Person	Area Code Daytime T	elephone Number
Enclosed is a check for th	ne following amount:		
☑ \$25.00 Filing Fee		Certified Copy	Certificate of Status &

Mailing Address:

TO:

Registration Section
Division of Corporations

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

H & L COMPUTER AND TAX SERVICES LLC

(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on 09/22/2020	and assigned
Florida document number L20000298112	,	v
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited I	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	2	
inter new mailing address, if applicable:	 	
Mailing address MAY BE A POST OFFICE BOX)		
		5.5
		□ > □
3. If amending the registered agent and/or registered offi	ce address on our records, <u>enter th</u>	aname the new regis
gent and/or the new registered office address here:		[™] U
		-
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
 	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>	Name	Address	Type of Action
PRES	Henric Labranche	3617 Rivelland Rd Fortlanderdale FL 33912	□Add
		Title: Pres	
	A	MCR.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
MGR	Henric Labranch	3617 Rivedend Rd Rd 367 Fort lands date J-C ASTA	<u>≲</u> ∃Add
		PRES	<u> </u>
		MGR	Change
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fective d	ate, if other than the date of filing: (optional) 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 605.0	1207
ote: If the	date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed effective date on the Department of State's records.	
ecord spe	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t	the
ated	11/19/.2020. -11/6/	
_	Signature of a member or authorized representative of a member	

Typed or printed name of signee