# L20000311503

(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:





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## FLORIDA DEPARTMENT OF STATE Division of Corporations

December 9, 2020

JON H. STAHL HENDRIK HOME SOLUTIONS L.L.C 1122 NE 18TH AVE FORT LAUDERDALE, FL 33304

SUBJECT: HENDRIK HOME SOLUTIONS L.L.C

Ref. Number: L20000311503

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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P18000016417-PROPERTY CONCIERGE INC.

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.

Susan Tallent Regulatory Specialist II

Letter Number: 420A00024691

#### **COVER LETTER**

Division of Corporations				
SUBJECT: Handric Home Solytions L. L. C. 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:				
Jen H. Stahl Name of Person				
Flendrik Hemi Solutions L.L.C.				
1122 NEI8th Auc				
Fort Louder dole, Fl 333cy  City/State and Zip Code  H Stahl 4 Or and lock Con  E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Name of Person at (974) 568-2860  Area Code Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$\$ Certificate of Status \$\times \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$\$ Certified Copy \\ \text{(additional copy is enclosed)}\$\$\$ Certified Copy \\ \text{(additional copy is enclosed)}\$\$\$}				

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TO:

**Registration Section** 

Mailing Address:
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

Name of the Limited Lightlity Company as it now appe	are on our records )		
(Name of the Limited Liability Company as it now appe (A Florida Limited Liability Company)	als on our records.		
The Articles of Organization for this Limited Liability Company were filed on _	10-1-20 and assigned		
Florida document number <u>L J 0 0 0 0 3 11 5</u> 03			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company h	nere: (Propertics Conciero		
The Property Concier	[ h.h.)		
The new name must be distinguishable and contain the words "Limited Liability Company," the			
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	150 150 150		
	2590		
Enter new mailing address, if applicable:	<u>—</u>		
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>		
	<u></u>		
B. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here:	records, enter the name of the new registered		
Name of New Registered Agent:			
New Registered Office Address:			
Enter Fla	Enter Florida street address		
	Florida		
City	Zin Code		

#### New Registered Agent's Signature, if changing Registered Agent:

11

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
The standing registered regent, Significant	OF THE WINESPICE CO ARREIN

If amending outhorized 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
<del></del>			□Add
			Remove
			□Change
		<del> </del>	□Add
			Remove
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