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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : PADRON AND ASSOCIATES INC.
Account Number : 120060000156
Phone : (305)818-0404
Fax Number : (305)818-0898

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
H & H CONSTRUCTION MANAGEMENT GROUP LLC

Certificate of Status	0
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M. SOLOMON

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: H & H CONSTRUCTION MANAGEMENT GROUP 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:

RALPH PADRON

Name of Person

PADRON & ASSOCIATES, INC.

Firm/Company

2095 W 76TH ST - STE 102

Address

HALEAH, FL 33016

City/State and Zip Code

RALPH@RALPHPADRON.COM

E-mail address: to be used for future annual report notification

For further information concerning this matter, please call:

RALPH PADRON

395 518-0404
at _____
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$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)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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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

Title	Name	Address	Type of Action
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

STAFF OF STAFF
MASTERS OF THE

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Dated AUGUST, 01 2024

Signature of a member or authorized representative of a member

RICARDO, HERMIDA SALGADO

Typed or printed name of signer