(((H210001186083)))



H210001186083ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : EXPERTAX

Account Number : 120200000010

: (407)777-7470

Fax Number

: (321)206-9743

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

2021 HAR 24

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HEOL CONSTRUCTION SERVICES LLC

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$30.00

MAR 25 2021

M SOLOMOR

Electronic Filing Menu

Corporate Filing Menu

Help

. H210001186083 COVER LETTER

TO: Registration Section Division of Corpo	ion orations				
HEOL CO	ONSTRUCTION SERVICES L	LC			
SUBJECT:	Name of Limits	d Liability Company	_		
	mendment and fec(s) are subm				
	Hector Rodriguez Colon				
		Name of Person			
		Firm/Company			
	926 Alsace Dr			٠٠ _/ ,	1207
		Address			117417
	Kissimmee, Fl 34759				٦ ٦
		City/State and Zip Code		75 75 8	
	E-mail address: (0	o be used for future annual report notifi	cation)	1. 00 00 00 00 00 00 00 00 00 00 00 00 00	1
For further information o	oncerning this matter, please ca	all:		70	
HECTOR RODRIGUEZ		407 797-3604			
Name o	f Person	Area Code Daytime	e Telephone Number		
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee	圖 \$30.00 Filing Fee & Certificate of Status	 \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) 	S60.00 Piling Fee. Certificate of Status & Certified Copy (additional cop) is enclosed)	1	

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

HZ10001186083

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HEOL CONSTRUCTION SERVICE	S LLC	y as it now somears on our reco	ords.)	_ _	
(A F		y 23 it now spreams on our reconsisting Company) were filed on 01/21/2021		and assigned	
The Articles of Organization for this Elimited Elaboration Florida document number L21000022390					
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of th	e limited liabl	lity company bere:			
The new name must be distinguishable and contain the word			LLC" or the e	bbreviation "L.L.C."	202
Enter new principal offices address, if applicab				t+	2021 HAR
(Principal office address MUST BE A STREET AL	ADDRESS)	926 Alsace Dr			\sim
		Kissimmee, FL 37459		-1-3	t
				7.0	
Enter new mailing address, if applicable:	ew mailing address, if applicable: 926 Alsace Dr		— <u>φ</u> —ω		
(Mailing address MAY BE A POST OFFICE BOX)		Kissimmee, FL 37459			
B. If amending the registered agent and/or reg agent and/or the new registered office address	pistered office here:	address on our records, <u>e</u>	nter the na	me of the new reg	istered
Name of New Registered Agent:	HECTOR RO	DRIGUEZ COLON			
New Registered Office Address:	926 Alsace Dr	Enter Florida street (ıddress	<u> </u>	
	Kissimmee	Willer 1 Invited 21 per A	, Florida	37459	
	Nisomunet	City	_, 1700104	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

H210001186083

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
MGR	Hector Rodriguez Colon	926 Alsace Dr	
		Kissimmee, FL 37459	
•			□Add
			Remove
			☐ Change
		·	
	. -		□Remove
			□Change
<u></u>			
•			
			Change
			□Add
	•		☐ Remove
		,	Change
			() Add
			□ Remove
			Change

2021 MAR 24 AM 9: 38

H210001186083

	·——
	_
	77.0 h
	기일
Mective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 source. If the date inserted in this block does not meet the applicable statutory filing requires document's effective date on the Department of State's records.	(optional)) days after filing.) Pursuant to 605,0207 (in ments, this date will not be listed as t
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear rd is filed.	rlier of: (b) The 90th day after the
Dated 03 - 24 - 2021 Signature of a member or surhorized representative of a mem	

Filing Fee: \$25.00

H210001186083