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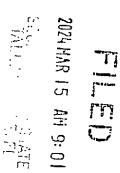
| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
| , |
| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer |
| · Kecewed 7/5/29 |
| Received 3/15/24 Through email |
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Office Use Only



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COVER LETTER

| то: | Registration Secti Division of Corpo | | | |
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| eupir | | OSCAPE SERVICE LLC | | |
| SUBJE | CI; <u></u> | Name of Lim | ited Liability Company | |
| **** | | | | |
| | | nendment and fee(s) are sub ence concerning this matter | - | |
| , iemse i | etam an conceptua | one concerning and make | te the following. | |
| | | | JOSE LEON | |
| | | | Name of Person | |
| | | LBS - L | EON BUSINESS SERVICES LL | C |
| | | | Firm/Company | |
| | | 83 | 33 W MCNAB RD STE 114 | |
| | | | Address | |
| | | Т | AMARAC, FLORIDA 33321 | |
| | | | City/State and Zip Code | |
| | | | @EONBUSINESERVICES.COM to be used for future annual report no | |
| For funt | her information con | corning this matter, please ca | | |
| | JOSE LE | - | 954 323-9074 | |
| | Name of P | erson | at () Area Code Dayti | me Telephone Number |
| | | | | |
| Enclose | d is a check for the | following amount: | | |
| Chick | .00 Filing Fee # 1503 d 2 4 202 | ☐ \$30.00 Filing Fee & Certificate of Status 5 | ☐ \$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 Sec Division of Cor P.O. Box 6327 | | Street Address: Registration S Division of Co The Centre of | orporations |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2024 MAR 15 AM 9: 01

| ? | MORA LANDSCAPE SERVICE LLC | | |
|---|--|------------------------|----------------------------|
| (Name of the Lim | ited Liability Company as it now appears (A Florida Limited Liability Company) | on our records.) | TALL STATE |
| The Articles of Organization for this Limited I | Liability Company were filed on | 04/15/2021 | and assigned |
| Florida document number 1.21000160573 | | | |
| This amendment is submitted to amend the fol | lowing: | | |
| A. If amending name, enter the new name | of the limited liability company her | <u>e</u> : | |
| HM SERVICES AND SOLUTIONS LLC | | | |
| The new name must be distinguishable and contain the | words "Limited Liability Company." the des | ignation "LLC" or t | he abbreviation "L.L.C." |
| Enter new principal offices address, if appli | cable: | | |
| (Principal office address MUST BE A STRE | ET ADDRESS) | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE | | | |
| | | | |
| | | | |
| B. If amending the registered agent and/or agent and/or the new registered office addresses | | ords, <u>enter the</u> | name of the new registered |
| agent ano/or the new registered ornice additi | ess nere. | | |
| Name of New Registered Agent: | JOSE LEON | | |
| New Registered Office Address: | 8333 W MCNAB RD STE 114 | | |
| | Enter Florid | a street address | |
| | TAMARAC | , Florid: | 33321 |
| | 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:

| or removed from our records: | | |
|------------------------------|--|--|
| MGR = Manager | | |
| AMRR = Authorized Member | | |

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| Oi | NLY AMENDING |
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| an effect ote: If | e date, if other than the date of filing: |
| record s Lis filed | specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| ated | Feb 26, 2024. Hondar Mora |
| | |

Filing Fee: \$25.00