L21000192081

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	me)
(Do	cument Number))
Certified Copies	_ Certificate	s of Status
Special Instructions to I	—————Filling Officer:	

Office Use Only



000368209000

06/16/21--01011--001 **25.00

A11, 10d ::

JUN 1 6 2021

! ALBRITTON

2021 JUN 16 AM 10: 35
2021 JUN 16 AM

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration S Division of Co			
SUBJECT:	ies Harry S	erifons IIO	
SUBJECT: L. 4 (ted Liability Company	
	9		
The enclosed Articles of	of Amendment and fee(s) are subn	nitted for filing.	
Please return all corresp	pondence concerning this matter to	o the following:	
	Ernesto	ROSQ_ Name of Person	
	Ernie's Har	My Services Fina/Company	LLC.
	<u>375 Va</u>	Errice Alerra	-
	Kissionee	FC. 34743 City/State and Zip Code	3
	erniestand	De used for future annual report noti	fication)
For further information	concerning this matter, please cal	11:	
Ernesto	ROSa.	at (S) 102 Area Code Daytim	- 77 PH e Telephone Number
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 Addr Registration Division of P.O. Box 63	Section Corporations	Street Address: Registration Sec Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)

(Name of the Limited Liability Com	pany as it now appears of d Liability Company)	on our records.)		-	
The Articles of Organization for this Limited Liability Compar Florida document number <u>L210001920</u> . 8		1.24.2	$2\int$ and a	assigne	d
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lia	ability company here	:			
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the desi	gnation "LLC" or the	abbreviation	L.L.C.	
Enter new principal offices address, if applicable:				<u>.</u>	::"]#4
(Principal office address MUST BE A STREET ADDRESS)				Ī.	€ 1 3 21 × × × ×
	·		***	6	<u>,</u>
				긒	730
Enter new mailing address, if applicable:				<u>.</u>	
(Mailing address MAY BE A POST OFFICE BOX)				9	
Truming underess PINT BE 71 TO ST OT TICE BOM					
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	e address on our reco	ords, <u>enter the na</u>	me of the r	iew reg	gistered
	Enter Florida street address				
		, Florida _			
	City		Zip Coa	le.	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent and agree or all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered office company has been notified in writing of this change.	— gree to act in this cap te performance of my s provided for in Cha	v duties, and I am upter 605, F.S. Oi	i familiar v r, if this do	vith an cumen	d

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>	<u>Name</u>	Address	Type of Action
AMBR	Johann Santara	& 295 Valencia Ave.	□Add
		Kissimmer Fl. 34743	ÆRemove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			🗆 Add
			Remove
			□Change
			□Add
			□Remove
			□ Change
			🗆 Add
			□Remove
			Change

	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
		
ian effectiv Note: If t	date, if other than the date of filing:	207 (. as 1
record sp I is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	he
Pated(Signature of a member of authorized representative of a member	
	Typed or printed name of signee	

Filing Fee: \$25.00