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COVER LETTER

Division of Corporations HAR of Central Florida LLC SUBJECT: 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: Uma Irgebaeva Name of Person Honest Abe Roofing of Central Florida LLC Firm/Company 9739 Sweetleaf St. Address Orlando FL 32827 City/State and Zip Code harofeflle@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Cynthia Ketchum Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address:

TO:

Registration Section

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

HAR of Central Florida LLC		
(Name of the Limited Liability Company as it now ap (A Florida Limited Liability Compa	pears on our records.) ny)	
The Articles of Organization for this Limited Liability Company were filed on	5/5/2021	_ and assigned
Florida document number 1.21000210889		
this amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liability compan	<u>v here</u> :	
Honest Abe Roofing of Central Florida LLC		
he new name must be distinguishable and contain the words "Limited Liability Company," t	he designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	123	20
Frincipal office address MUST BE A STREET ADDRESS	12 (12 (12 (12 (12 (12 (12 (12 (12 (12 (2023 F
	الله الله الله الله الله الله الله الله	-9
Enter new mailing address, if applicable:	<u></u>	
Mailing address MAY BE A POST OFFICE BOX)	בינ <u>ט</u> דירות בינות	
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	77	<u> </u>
3. If amending the registered agent and/or registered office address on our gent and/or the new registered office address here: Name of New Registered Agent:	ur records, <u>enter the name o</u>	of the new regist
New Registered Office Address:		
Enter	Florida street address	
	Florida	
Cin		Zin 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 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
			□Add
			Remove
			☐ Change
			□ Add
			□Remove
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If an effe <u>Note:</u>	ve date, if other than the date of filing:
e record rd is file	d 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 ed.
ال معادلاً	Tebruary 6th . 2003.
Dated _	tea not
Dated ₋	Signature of a member of authorized representative of a member