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(Re	equestor's Name)	
(Ad	dress)	
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	)
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Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: 1	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	-	
Please return all correspo	indence concerning this matter	to the following:	
	Amber A.M.A.	Armstrong Name of Person  Bookkeepny Firm/Company	
	2020 Pa	Widne Road	<del></del>
	Brandon	FU 33511 City/State and Zip Code	
	Moro amab E-mail address: (	oducepingsowifing to be used for future familial report notif	S-(LOM)
For further information c	oncerning this matter, please ca	all:	921
Amber Aw	SHOW f Person	at ( <u>003</u> ) <u>FOU - 89</u> Area Code Daytime	672 Stelephone Number
Enclosed is a check for th	ne following amount:		7 11:21
\$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 Addres	<u>s:</u>	Street Address:	

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

TO:

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

H.M.H. BOOKEEPING, L					
( <u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)				
The Articles of Organization for this Limited Liability Compa	any were filed on <u>US 105 1202</u>	and a	ssigned		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liability company here:					
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" or the a	obreviation "	L.L.C."		
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)			<del></del>		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		762			
B. If amending the registered agent and/or registered office and/or the new registered office address here:	ce address on our records, <u>enter the nan</u>	ne of the n	ew registered		
Name of New Registered Agent:		\ <i>11:</i>	$\mathcal{G}_{-}$		
New Registered Office Address:	Enter Florida street address	24			
	, Florida	Zip Code	e.		
New Registered Agent's Signature if changing Registered Age	ont.				

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.

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

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
<u>AMBR</u>	Amber Armstrong	2020 Providence Rd	EAdd
	J	2020 Providence Rd Brandon, Fl 33511	Remove
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ective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of fi e: If the date inserted in this block does not meet the applicable statutument's effective date on the Department of State's records.	ling or more than 90 days		
cord specifies a delayed effective date, but not an effective time, at 12:0 s filed.	01 a.m. on the earlier of	f: (b) The 90th c	day after th
ed May 24 , 2021.			
a. a. a.			
Signature of a member or authorized repre			