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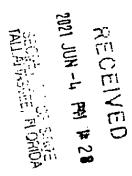
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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 6/4/2021		**WALK IN**
ENTITY NAME ORTIZ H	OME INNOVATIONS LLC	
DOCUMENT NUMBER		
	PLEASE FILE THE ATTACHED AND RETURN	
XXXX	Plain Copy Certified Copy Certificate of Status	FOWALK (NAF
PL	LEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY Certified Copy of Arts & Amendments	
	Certificate of Good Standing	~!«.#\$ #*
	APOSTILLE' / NOTARIAL CERTIFICATION	
COUNTRY OF DESTINATION NUMBER OF CERTIFICATION		 _
TOTAL OWED \$25.00	ACCOUNT #: I20160000072	
Please call Tina at the	a above number for any issues or concerns. Thank you so	

COVER LETTER

TO:

Registration Section

porations		
Innovations LLC		
Name of Lim	ited Liability Company	-
Amendment and fee(s) are sub	mitted for filing.	
ndence concerning this matter	to the following:	
Shama Stepp e/o ZenBusii	ness Inc.	
	Name of Person	
ZenBusiness Inc.		
	Firm/Company	
5511 Parkerest Drive Suite	: 207	
	Address	
Austin TX 78731		
	City/State and Zip Code	
-		tification)
oncerning this matter, please c	all:	
	844 493-6249	
f Person	Area Code Daytii	me Telephone Number
ne following amount:		
☐ \$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)
<u>s:</u> Section	Street Address: Registration Se	ection
orporations	Division of Co	orporations
.7 31. 32314		Tallahassee oe Street, Suite 810
	Amendment and fee(s) are substituted and fee(s) are substituted and fee(s) are substituted and stepp c/o ZenBusin ZenBusiness Inc. Shama Stepp c/o ZenBusiness Inc.	Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: Shama Stepp c/o ZenBusiness Inc. Name of Person

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ortiz Home Innovations LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our record a Limited Liability Company)	<u>tis.</u>)
The Articles of Organization for this Limited Liability Corida document number $\frac{1.21000237780}{1.000237780}$		and assigned
	 ·	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lim</u>	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC	U" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD		
		1.14.4.14.4
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		.,,
		· · · · · · · · · · · · · · · · · · ·
 If amending the registered agent and/or registere igent and/or the new registered office address here: 	ed office address on our records, <u>enter</u>	the name of the new registe
		The second second
Name of New Registered Agent:		9 9
		- AE - SS
New Registered Office Address:	Enter Florida street addre.	NA .
	FI	lorida
	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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Byron Ortiz	647 Jamestown blvd	■Add
		apt 2169	□Remove
		Altamonte Springs, FL 32714	∵ : .tt □Change
	-		□Add
			Vicinit section □Remove
			: ☐Change
			P. 6 □Add 17
			□Change
			□Add
			□Remove
		-	
			□Remove,
			□Change
			□Add
			: □Remove
			☐ Change

	• • •		
mending any other infor	mation, enter change(s) here:	(Attach additional sheets, if necess	sary.)
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ective date, if other than	the date of filing:	o date of filing or more than 90 days after fil	al)
te: If the date inserted in this	must be specific and cannot be prior to is block does not meet the applicate to Department of State's records.	o date of filing or more than 90 days after fit ble statutory filing requirements, this d	ing.) Pursuant to 605.0207 (2 late will not be listed as th
te: If the date inserted in this cument's effective date on the second specifies a delayed effective and specifies and specifies and specifical delayed effectives.	is block does not meet the application Department of State's records.	o date of filing or more than 90 days after the ble statutory filing requirements, this does not be at 12:01 a.m. on the earlier of: (b)	ate will not be listed as th
te: If the date inserted in this nument's effective date on the cord specifies a delayed effects s filed.	is block does not meet the application Department of State's records.	ble statutory filing requirements, this d ne, at 12:01 a.m. on the earlier of: (b)	ate will not be listed as th
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Filing Fee: \$25.00

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