

h21 000 237780

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

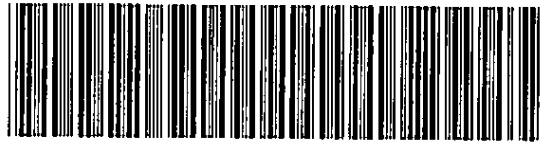
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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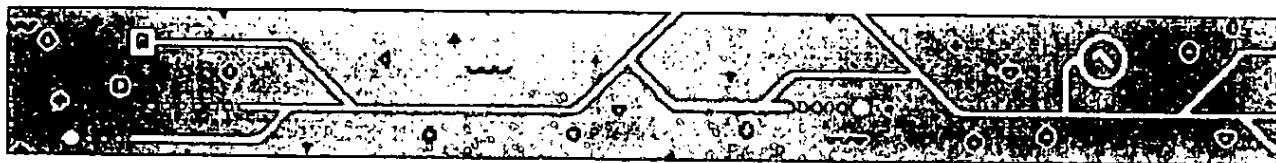
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11/22/21--01024--024 **25.00

FILED
2021 NOV 22 PM 12:36
CLERK OF STATE
TALLAHASSEE, FL

A. BUTLER

DEC 10 2021



zenbusiness

Nov 17, 2021

Florida Secretary of State
Division of Corporations
2415 N Monroe St Suite 810
Tallahassee, FL 32303

RE: **Ortiz Home Innovations LLC**

To Whom It May Concern:

Attached please find the executed **CERTIFICATE OF AMENDMENT** for the above referenced. Please review and file the attached document on a routine basis.

Once completed please forward the filed confirmation or notification to the address listed below:

ZenBusiness Inc
Attention: Kelly Castro
5511 Parkerest Dr., Suite 103
Austin Tx 78731

If you have any questions, please feel free to contact me at 844-493-6249 or at fulfillment@zenbusiness.com.

Thank you.

Kelly Castro
ZenBusiness Customer Success

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Ortiz Home Innovations LLC

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

2021 NOV 22 PM 12:37

The Articles of Organization for this Limited Liability Company were filed on 05/21/2021 and assigned
Florida document number L21000237780

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 Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

556 little river loop

238

Altamonte Springs, FL 32714

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

556 little river loop

238

Altamonte Springs, FL 32714

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|---------------|-----------------------------|--|
| AMBR | Lester Ortiz | 556 little river loop | <input type="checkbox"/> Add |
| | | 238 | <input type="checkbox"/> Remove |
| | | Altamonte Springs, FL 32714 | <input checked="" type="checkbox"/> Change |
| AMBR | Daniela Ortiz | 556 little river loop | <input checked="" type="checkbox"/> Add |
| | | 238 | <input type="checkbox"/> Remove |
| | | Altamonte Springs, FL 32714 | <input type="checkbox"/> Change |
| AMBR | Byron Ortiz | 647 Jamestown blvd | <input type="checkbox"/> Add |
| | | apt 2169 | <input checked="" type="checkbox"/> Remove |
| | | Altamonte Springs, FL 32714 | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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| | | | <input type="checkbox"/> Change |

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated November 17 2021

/s/ Daniela Ortiz
Signature of a member or authorized representative of a member

Typed or printed name of signee