

4/9/24 12:53 p.m.

H240003007873

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

L21000248645

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000300787 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LATIN AMERICAN TAXPRO

Account Number : I20220000106

Phone : (407)318-0823

Fax Number : (561)467-5851

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
24 HOUR SERVICES LLC**

Certificate of Status	1
Certified Copy	0
Page Count	05
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Electronic Filing Menu

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K. SALY

SEP - 5 2024

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COVER LETTER**TO: Registration Section
Division of Corporations****SUBJECT: 24 HOUR SERVICES LLC**_____
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:

OROZCO, ADRIANYI

Name of Person

24 HOUR SERVICES LLC

Firm/Company

501 E MAIN STREET SUITE 3

Address

HAINES CITY, FL 33844

City/State and Zip Code

VAS24LLC@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call.

24 HOUR SERVICES LLC

Name of Person

786

212-4337

Area Code_____
Daytime 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 Address:**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

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

24 HOUR SERVICES LLC

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

The Articles of Organization for this Limited Liability Company were filed on 05/27/2021 and assigned
Florida document number L21000248645

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

N/A

N/A

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

N/A

N/A

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:

STEPHANIE CAROLINA NAVA HIDALGO

New Registered Office Address:

713 PEYTON BROOKE WAY

Enter Florida street address

WINTER HAVEN

Florida 33881

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.

Stephanie Nava
If Changing Registered Agent, Signature of New Registered Agent

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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>
MGR	ADRIANYI OROZCO	713 PEYTON BROOKE WAY	<input type="checkbox"/> Add
		WINTER HAVEN, FL 33881	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	NAVA H, STEPHANIE C	713 PEYTON BROOKE WAY	<input checked="" type="checkbox"/> Add
		WINTER HAVEN, FL 33881	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	NAVA HIDALGO, STEPHANIA C	713 PEYTON BROOKE WAY	<input type="checkbox"/> Add
		WINTER HAVEN, FL 33881	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

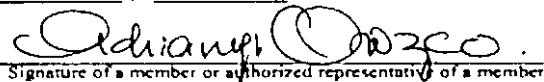
E. Effective date, if other than the date of filing: September 03, 2024 **(optional)**

(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 SEPTEMBER 03, 2024



Signature of a member or authorized representative of a member

ADRIANY I OROZCO

Typed or printed name of signer

Filing Fee: \$25.00

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FILED
TALLAHASSEE, FL 09/04/24