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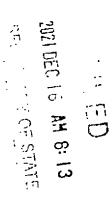
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JAN 0 5 2022



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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations				
CHD IEZT.	904 Hull C	leaning, LLC				
SUBJECT: Name of Limited Liability Company						
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ondence concerning this matter	to the following:			
		Steven Blałock				
			Name of Person			
			Firm/Company			
		1860 Lightsey Road				
		·	Address	· · · · · · · · · · · · · · · · · · ·		
		Saint Augustine, Florida 3.	2084			
		stevenblalockii@gmail.con	City/State and Zip Code			
		E-mail address: (to be used for future annual report	notification)		
For further in	nformation c	oncerning this matter, please of	all:			
Steven J Bla	dock		904 4958170 ar()			
	Name o	f Person	Area Code Da	ytime Telephone Number		
Enclosed is a	r check for th	ne following amount:				
□ \$25.00 F	iling 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)		
	iling Addres gistration S		Street Address Registration			
Div		orporations	Division of (Corporations of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

904Hull Cleaning, LLC

(Name of the Limited Liabil (A Florid	ity Company as it now appears on our reco a Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability C	Company were filed on September 03,	2021 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	iited liability company here:	
Blalock Home Services LLC		
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the designation "L	J.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD.	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	d office address on our records, <u>ent</u>	
New Registered Office Address:	Enter Florida street ada	2 202 tress 0
		Florida F
	City	Zip Codes
New Registered Agent's Signature, if changing Register	ed Agent:	OR H
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and a accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change	complete performance of my duties, igent as provided for in Chapter 60 ed office address. I hereby confirm	further agree togomps with and I am familiar with and 5, F.S. Or, if this document is

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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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n effective date is listed, the date of the date inserted in the cument's effective date on the course of the date	·		at 12:01 a.m. on th	e earlier of; (b) T	he 90th day after the
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ote: If the date inserted in the cument's effective date on the central specifies a delayed efficient filed. December 01	ective date, but not	an effective time.	at 12:01 a.m. on th		he 90th day after the

Filing Fee: \$25.00