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## **COVER LETTER**

| TO: Registration Se<br>Division of Cor |  |  | •                                      |
|--|--|--|--|
| 904 Hull Cl                            | eaning LLC                                   |  |  |
| SUBJECT:                               | Name of Lim                                  | ited Liability Company   |  |
| The enclosed Articles of               | Amendment and fee(s) are sub                 | mitted for filing.   |  |
| Please return all correspo             | ndence concerning this matter                | to the following:  |  |
|  | Steven Blalock                               |  |  |
|  |  | Name of Person   |  |
|  |  | Firm/Company   |  |
|  | 1860 Lightsey Road                           | Name of Person  Firm/Company  sey Road  Address  stine, Florida 32084  City/State and Zip Code  sing@gmail.com  E-mail address: (to be used for future annual report notification)  matter, please call:  at ( |  |
|  |  | Address  |  |
|  | Saint Augustine, Florida 3.                  | 2084   |  |
|  | 904hullcleaning@gmail.com                    | •  |  |
|  | - <del>-</del> -                             |  | notification)                          |
| For further information c              | oncerning this matter, please c              | all:   |  |
| Steven Blalock                         |  |  |  |
| Name o                                 | f Person                                     | Area Code Day  | time Telephone Number                  |
| Enclosed is a check for the            | ne following amount:                         |  |  |
| ■ \$25,00 Filing Fee                   | © \$30.00 Filing Fee & Certificate of Status | Certified Copy   | Certificate of Status & Certified Copy |
| Mailing Addres                         |  |  |  |
| Registration S<br>Division of C        |  | Registration Division of 0   |  |
| P.O. Box 632                           |  |  | f Tallahassee                          |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Blalock Home Services LLC  |  |
|--|--|
| (Name of the Limited Liability Company as it now ap<br>(A Florida Limited Liability Company) | pears on our records.)<br>ny)  |
| The Articles of Organization for this Limited Liability Company were filed on                | September 03, 2021 and assigned  |
| lorida document number L21000394129  |  |
| his amendment is submitted to amend the following:   |  |
| . If amending name, enter the new name of the limited liability company                      | v here:  |
| 04 Hull Cleaning LLC   |  |
| ne new name must be distinguishable and contain the words "Limited Liability Company," t     |  |
| nter new principal offices address, if applicable:   | 2022<br>HH, <b>T</b>   |
| rincipal office address MUST BE A STREET ADDRESS)  | <del>_</del> <del>_</del> <del>_</del> <del>_</del> <del>_</del> <del>_</del> <del>_</del> <del>_</del> <del>_</del> |
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| nter new mailing address, if applicable:   | Sie P  |
| failing address MAY BE A POST OFFICE BOX)  | -n - N   |
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| If amending the registered agent and/or registered office address on ou                      | r records, enter the name of the new regist  |
| ent and/or the new registered office address here:   |  |
|  |  |
| Name of New Registered Agent:  |  |
| New Registered Office Address:   |  |
|  | Florida street address   |
|  | Florida  |
| City   | Florida<br>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 = Ma<br>AMBR = Au | nager<br>thorized Member |         |                |
|-----------------------|--------------------------|---------|----------------|
| Title                 | <u>Name</u>              | Address | Type of Action |
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| Effective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De | be specific and cannot be prock does not meet the app | ior to date of filing or mor<br>licable statutory filing i | equirements, this date will | suant to 605.0207<br>not be listed as |
| record specifies a delayed effective d is filed.   | date, but not an effective                            | time, at 12:01 a.m. on                                     | the earlier of: (b) The 90  | th day after the                      |
| April 26   | 2022  | ·  |                             |                                       |
|  |   | -  |                             |                                       |
|  | -2-2  |  |                             |                                       |
|  | Signature of a member or au                           |  |                             |                                       |

Filing Fee: \$25.00