

K21000458580

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

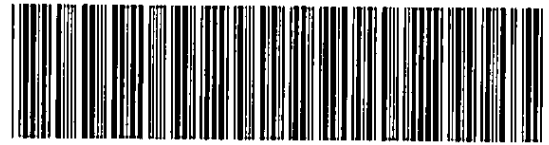
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500377847795

LLC amend

12/13/21--01018--022 **25.00

2022 JAN 18 AM 10:12
STATE OF ARIZONA
CLERK OF SUPERIOR COURT

FILED

A. RAMSEY
JAN 20 2022

X00789, 00524, 00671



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 JAN 18 AM 8:04

SECRETARY OF STATE
TALLAHASSEE, FL

January 4, 2022

LEARNDIS HAMILTON
HAMILTON RENTAL PROPERTIES AND HOME
219 "D" STREET
LAKE WALES, FL 33853 US

SUBJECT: HAMILTON RENTAL PROPERTIES AND HOME REPAIRS LLC
Ref. Number: L21000458580

We have received your document for HAMILTON RENTAL PROPERTIES AND HOME REPAIRS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A registered agent change form can only change the registered agent. I have enclosed an amendment form for you to use instead of the registered agent form to add yourself as manager.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6823.

Annette Ramsey
OPS

Letter Number: 622A00000184

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hamilton Rental properties and Home Repair 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:

learnidis Hamilton
Name of Person

Hamilton Rental properties and Home Repair LLC
Firm/Company

219 D St
Address

lake Wales FL 33853
City/State and Zip Code

learnidishamiltonjr@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

learnidis Hamilton at (863) 5528-8889
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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

Hamilton Rental Properties and Home Repairs 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 Oct 21, 2021 and assigned
Florida document number L21000458580

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Learndis Hamilton JR

New Registered Office Address:

219 D St

Enter Florida street address

Valle Wales

City

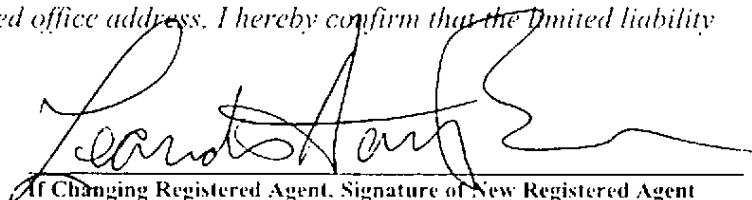
Florida

33853

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.


Signature of New Registered Agent

E MGR

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

[illegible]

(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)

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 1/14, 2022

See 1st page

Signature of a member or authorized representative of a member

Mr Learndis Hamilton
Typed or printed name of signer

Typed or printed name of signee