

L21 000 470038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

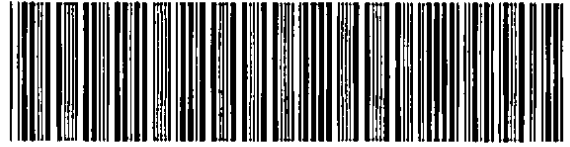
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A. RIVERS

JAN 11 2022



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11/18/21--01012--015 **60.00

FILED
2022 JAN 11 AM 10:01
CLERK OF STATE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 3, 2022

ALEJANDRO MENDOZA
1124 MILWAUKEE BLVD
LEHIGH ACRES, FL 33974

SUBJECT: MENDOZA PAINTING & PRESURE WASHING LLC
Ref. Number: L21000470038

We have received your document for MENDOZA PAINTING & PRESURE WASHING LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L20000384822 PREMIER HOME SERVICES LLC.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers
Regulatory Specialist II

Letter Number: 721A00029262

COVER LETTER

RECEIVED

TO: Registration Section
Division of Corporations

2022 JAN -6 AM 8:01

SUBJECT: MENDOZA PAINTING & PRESURE WASHING LLC

Name of Limited Liability Company

SECRETARY OF STATE
TALLAHASSEE, FL

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALEJANDRO MENDOZA

Name of Person

Firm/Company

1124 MILWAUKEE BLVD

Address

LEHIGH ACRES, FL 33974

City/State and Zip Code

BRENDASANCHEZ1896@GMAIL.COM

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

For further information concerning this matter, please call:

ALEJANDRO MENDOZA

Name of Person

at (239)

Area Code

307-7067

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

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

MENDOZA PAINTING & PRESURE WASHING 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 OCTOBER 29, 2021 and assigned Florida document number L21000470038.

This amendment is submitted to amend the following:

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

SOUTHWEST FL HOME SERVICES, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." 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:

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

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

THE COMPANY WILL BE CONSIDERED A HOME MAINTENANCE AND HANDYMAN SERVICES.

THIS OPTION WAS NOT SHOWED WHEN FIRST APPLIED.

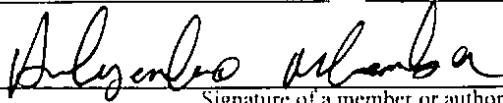
E. Effective date, if other than the date of filing: _____ (optional)

(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 JANUARY 04, 2022



Signature of a member or authorized representative of a member

ALEJANDRO MENDOZA

Typed or printed name of signee

Filing Fee: \$25.00