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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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2022 OUT

Account Name : HOMMERDING ADVISORS LLC

Account Number : 120220000171 : (954)532-3842 Phone : (954)532-3847 Fax Number

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ESTS SERVICES, LLC

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OCT 2 7 2022

## COVER LETTER

TO: Registration Sec Division of Corp			<b>€</b> '*
ESTS SERV	/ICES, LLC		
SUBJECT:	Name of Limit	ted Linbility Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspo	ndence concerning this matter (	to the following:	
	PAULO OLIVEIRA, EA		
		Name of Person	
	EAGLE TAX REPRÉSEN	TATION, CORP.	
		Firm/Company	
	5493 Wiles Rd. Suite 105		
		Address	- <del></del> : <del></del>
	Coconut Creek		
		City/State and Zip Code	
	info@esgle-tax.com		
For further information of	E-mail address: ( concerning this matter, please c	to be used for future innual report no all:	uneadon)
Paulo Oliveira, EA		954 532-3842	
Name	of Person	Area Code Days	ime Telephone Number
Enclosed is a check for t	he following amount:		
■ S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	1.1 \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		<u>Street Address:</u> Registration S	
Registration Division of (		Division of C	Corporations
P.O. Box 63:	27	The Centre of	f Tallahassee roc Street, Suite 810
Tallahassee,	FL 32314	Z415 IN, IVIOII	and autor, auto org

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

FILEL 2027 OCT 26 FH 4: 18
WALLAHASSE F. FLORIO,

ESTS 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 Comp. Florida document number L22000047531	any were filed on 01/26/2022	and assigned
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 L	iability 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	<u> </u>	
Enter new mailing address, if applicable:  (Mailing address MAX BE A POST OFFICE BOX)	3431 NE 12TH AVENUE POMPANO BEACH, FL 3306	4
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	īce address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	Y
	, FIG	Zip Code
	City	Eg. Com

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 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
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record sp	secilies a delayed e	ffective date, but n	ot an effective	time, at 12:01 a	,m, on the earlier o	f; (b) The 90th day after
d is filed.						
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Dated	UL10601	من المراج		<u>~</u> .		
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	<del></del>	Signature of	n member or an	thorized represen	ative of a member	
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