

L220000 78 750

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

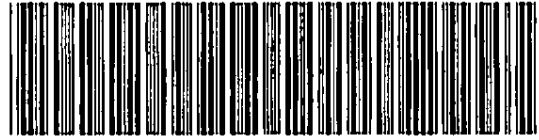
(Document Number)

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2023 FEB -9 AM 9:41
FALL 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hagan's Custom Home Service 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:

Devin Hagan
Name of Person

Hagan's Custom Home Service
Firm Company

2315 Horseshoe loop
Address

Bonifay FL 32425
City/State and Zip Code

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

For further information concerning this matter, please call:

Devin Hagan at 850 4196869
Name of Person Area Code 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

2023 FEB -9 PM 9:41
TALLAHASSEE
SECRET

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Hagan's Custom Home Service 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 02/17/2022 and assigned Florida document number L22000078750.

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:

Devin Hagan

New Registered Office Address:

2315 Horseshoe loop

Enter Florida street address

Bonifay

City

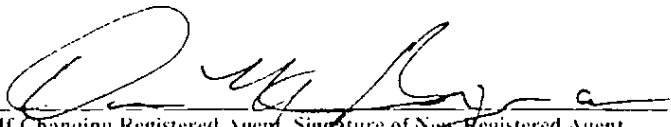
Florida

32425

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

Item	Quantity	Unit	Price	Total	Action
1. 1000	1000	kg	1000	1000	<input type="checkbox"/> Add
2. 1000	1000	kg	1000	1000	<input type="checkbox"/> Remove
3. 1000	1000	kg	1000	1000	<input type="checkbox"/> Change
4. 1000	1000	kg	1000	1000	<input type="checkbox"/> Add
5. 1000	1000	kg	1000	1000	<input type="checkbox"/> Remove
6. 1000	1000	kg	1000	1000	<input type="checkbox"/> Change
7. 1000	1000	kg	1000	1000	<input type="checkbox"/> Add
8. 1000	1000	kg	1000	1000	<input type="checkbox"/> Remove
9. 1000	1000	kg	1000	1000	<input type="checkbox"/> Change
10. 1000	1000	kg	1000	1000	<input type="checkbox"/> Add
11. 1000	1000	kg	1000	1000	<input type="checkbox"/> Remove
12. 1000	1000	kg	1000	1000	<input type="checkbox"/> Change
13. 1000	1000	kg	1000	1000	<input type="checkbox"/> Add
14. 1000	1000	kg	1000	1000	<input type="checkbox"/> Remove
15. 1000	1000	kg	1000	1000	<input type="checkbox"/> Change
16. 1000	1000	kg	1000	1000	<input type="checkbox"/> Add
17. 1000	1000	kg	1000	1000	<input type="checkbox"/> Remove
18. 1000	1000	kg	1000	1000	<input type="checkbox"/> Change
19. 1000	1000	kg	1000	1000	<input type="checkbox"/> Add
20. 1000	1000	kg	1000	1000	<input type="checkbox"/> Remove

2023 FEB -9 PM 9:40
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 2023 FEB -9 PM 9:40

2023FEB-9 Fri 9:10

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 2-7-23

C. M. H.
Signature of a member or authorized

Signature of a member or authorized representative of a member

Devin M Hagan
Typed or printed name of signer

Typed or printed name of signee

Filing Fee: \$25.00