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SECRETARY OF STATE CORPORATIONS
2022 SEP 27 AM 8: 54

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COVER LETTER

TO: Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corpor	ations	• •			
SUBJECT: Davis	Huuling and Hame of Lim	Junk Remova	·		
The anglosed Articles of Am	andment and fee(s) are sub	mitted for filing.			
Please orthon all corresponde	nou concerning this matter	to the following:			
	120m	ald Davis			
		Name of Person			
	Davis Hauli	y and Ink R	emover		
	7450 Pine (a	ka Bluel			
	Port St.C	ucicyFL 34957	<u>) </u>		
<u> </u>	davishaulinga E-mail addross: (1	City/State and Zip Code Cody Cody Code Cody Cody Code Cody Cody Cody Cody Cody Cody Cody Cody Cody Cody Cody Cody Cody Cody Cody Cody Cody	quail. com		
For further information conc					
Conald Name of Per	Savis	at (772) Z67-Z(60 Area Code Daytime Telephone Number			
Enclosed is a check for the fo	ollowing amount:				
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address: Registration Sec		Street Address: Registration Se			
Division of Corporations		Division of Corporations			

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO

ARTICLES OF GROADSZATION

(A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on August 01, 2022 and assigned Florida document number 122000338377
This amondment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new many must be distinguishable and contain the words "Limited Liability Company," the designation "LUC" or the abbreviation "LUC"
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:
the second secon

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 ASIBR = Authorized Member Hole Name <u>Address</u> Type of Action ____LIAM _____ / likemove _____ECAmage AMBR Rouald Davis 7450 Pine (aker Blud) Add Port St Lucie FL 34952 Remove ______Change _____ 🖸 Add _____ □ Change ______ □Remove ______ □Add

_____ Change

Ad	d FEIN 3	38-3493	5293		
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ctive date, if other	than the date of filing:	•		(optional)	
effective date is listed, th	e date must be specific and of in this block does not me	cannot be prior to date of	filing or more than 90	days after filing.) Pursua	nt to 605.0
ment's effective date	on the Department of Sta	ate's records.	itory ming require	nents, this date who no	t pe nsteu
ord specifies a delaye	d effective date, but not a	in effective time, at 12	2:01 a.m. on the ear	lier of: (b) The 90th	day after t
filed.					
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d Hugus-		<u>avaa</u>			
\smile		Muset			
	Signature of a m	ember of authorized repi	resentative of a memb	per	
	D. Yo	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
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