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SECRETARY OF STATE TALLAHASSEE, FL

COVER LETTER

Division of Corp			
H&M Pro Se	ervices, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of a	Amendment and fec(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Miranda Lloyd		
		Name of Person	
	3130 Porter Rd	Firm/Company	-
	3130 Porter Rd		
	Lithia, Florida 33547	Address	
	hmproserviceslle@gmail.co	City/State and Zip Code m	
	E-mail address: (to be used for future annual report noti	fication)
For further information co	oncerning this matter, please ca	ıll:	
Miranda Lloyd		813 763-3892 at ()	
Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	c following amount:		
\$\frac{1}{2}\$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

H&M 170 Services, LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lii	Company as it now appears on our record mited Liability Company)	<u>is,</u>)
The Articles of Organization for this Limited Liability Com Florida document number		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "ELC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter</u>	the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	55
		orida
	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 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>	<u>Name</u>	Address	Type of Action
MGR	LLOYD, ZACHARY W	3130 PORTER RD LITHIA, FL33547	
			□Remove
1. M.		NO 18 NOVE 18 18 18 18 18 18 18 18 18 18 18 18 18	□ Change
AMBR	LLOYD, MIRANDA A	3130 PORTER RD LITHIA, FL 33547	# Add
			□ Remove
			HASS Remode
			SECREMANY RE: STABLE TALLAHASSEE, FO
		 -	□Reniove
		- <u></u>	□Change
			□Remove
			□Change
		· · · · · · · · · · · · · · · · · · ·	□ Add
			Пенюче

__ □Change

D. If amending any other information, enter change(s) here: (/	Attach additional sheets, if necessary.)
······································	
 	
	
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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to da Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	
the record specifies a delayed effective date, but not an effective time, cord is filed.	at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated August 24 . 2022. Miranda Gayd Signature of a member or authorized	
Miranda Gayd Signature of a mombar or authoriza	I representative of a member
MIRANDA LLOYD	representative or a apparent

Typed or printed name of signee