# 122000469274

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	Idress)	
	ty/State/Zip/Phone	- 40
(Cli	ty/State/Zip/Phone	= #)
PICK-UP	WAIT	
(Bu	isiness Entity Nar	ne)
(Dc	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	Office Use On	ly



12/07/22--01007--015 \*\*25.00

## **COVER LETTER**

#### TO: Registration Section Division of Corporations

SUBJECT: HUMMINGBIRD HOME SERVICES 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:

Corporate Maintenance Lead			
Processing Department			
Firm Company	 	20	
1450 Vassar St		2022 DEC	7.
Address		C - 7	
Reno, NV 89502		5	
City/State and Zip Code	······································	ç	

For further information concerning this matter, please call:

Processing Department	at ( 800	638-2320	
Name of Person	Area Code	Daytime Telephone Number	

Enclosed is a check for the following amount:

☑ S25.00 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#### HUMMINGBIRD HOME 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 Company were filed on <u>11/01/22</u> and assigned Florida document number <u>L22000469274</u>

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 "LLC"

Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	RET DEC
Enter new mailing address, if applicable:	AR 1
(Mailing address MAY BE A POST OFFICE BOX)	
And any many many mention of the point	
	······································
B. If amending the registered agent and/or registered off	five 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

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. Thereby confirm that the limited liability company has been notified in writing of this change.

Cuy

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

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

Title	Name	Address	<b>Type of Action</b>
MGR	Rodney Kerr	2839 E Price Blvd	🗆 Add
		North Port	E Remove
		FL, 34288	Change
			Add
			🗌 Remove
			Change
			Add
			20的 DEC 第7 PH 3 TALL AI ASSE
			D Change
			🖸 Add
			Remove
			Chaoge
			🗖 Add
			🔤 Remove
			C Change

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

	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	·					
	<u></u>						
					-		
·							
						ب ب	20
							<u>, ,</u>
						T-	2002 020 - 7
						>~	5
							<u> </u>
						000 1000	
						ידי ויק	
			<b>_</b>	- · ·	·•	<del>:;;</del> ;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	
							C ()
							••
						125	P]] 3: 1
						ALLAHASSEL, P	<u> </u>

# E. Effective date, if other than the date of filing: $\frac{N/A}{N}$

Effective date, if other than the date of filing: N/A (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 (3-6). 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	$\frac{11}{23}$	
	Signature of a member or dithorized representative of a member	
	Camille Henry	
	Typed or printed name of signee	_

Filing Fee: \$25.00