## L23000249130

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PICK-UP WAIT MAIL
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(Document Number)
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: HPWF C/EANING / C 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:
SAINVIL PIERRE
Name of Person  HEWFI CLEANING // C  Firm/Company
6752 HERITAGE GRANDE NINIT 107
BOYNTON BEACH F1 33437  City/State and Zip Code  #WF1 LEANING Q May COM  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used to future annual report notification)
For further information concerning this matter, please call:
SAINVI LERKE at (56) 503 3893:  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Secutificate of Status  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  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

HPWFLCEEHIYI	CIY (T ed Liability Company (A Florida Limited Lia	y as it now appears on our ability Company)	records.)
The Articles of Organization for this Limited List Florida document number		vere filed on <u>05-</u>	20-2023 and assigned
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liabili	ity company here:	
The new name must be distinguishable and contain the we Enter new principal offices address, if applica (Principal office address MUST BE A STREE)	able:	y Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE I	<u>80X)</u>		
B. If amending the registered agent and/or reagent and/or the new registered office address	s here:		Ç.,
Name of New Registered Agent:		LI PIERRE	RAMDE MAITIO 7
New Registered Office Address:	_ , .	Enter Florida street	, Florida 33437
		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 Changing Registered Agent, Signature of New Registered Agent

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
AMBR	SAINVIL TIERRE		□Add
			Remove
			(□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove ⇔
			□Change
			Remove
			Change
	-1-2-7-9-11		□Add
			□Change

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fective date.	, if other than the date of filing: e is listed, the date must be specific and cannot be prior to date of filing or m	(optional)
ite: If the dat	e is listed, the date must be specific and cannot be prior to date of filing or meter inserted in this block does not meet the applicable statutory filing ective date on the Department of State's records.	sore than 90 days after filing.) Pursuant to 605.0 g requirements, this date will not be listed
ecord specifie	es a delayed effective date, but not an effective time, at 12:01 a.m.	on the earlier of: (b) The 90th day after t
ted <u>03</u> -	-11-2024/)	
	Signature of a member or authorized representative	e of a member

Filing Fee: \$25.00