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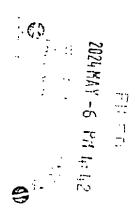
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Office Use Only



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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Lightlity Co	ompany as it now appears on our rec	enede)
(A Florida Lim	ompany as it now appears on our rec ited Liability Company)	· y · v · n /
The Articles of Organization for this Limited Liability Comp	pany were filed on 06/13/2023	and assigned
Florida document number L23000285008		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
HERNANDEZ AGUILA RESIDENTIAL SERVICES, LLC		
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "I	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2114 W OKALOOSA AVE	E TAMPA, FL 33604
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	<i>8</i> 10
		(i) 2
		22
Enter new mailing address, if applicable:	9114 BRUNSWICK IN TA	MPA, FL 33615
(Mailing address MAY BE A POST OFFICE BOX)		o
		<u> </u>
		; f .
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, <u>en</u>	ter the name of the new regis
igent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	dress
		Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

HEDNIANDEZ FODEVED DAINE LLO

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
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cument's effective date on the De	partment of State's reco	ords.			
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ecord specifies a delayed effective is filed.	uate, but not an effecti	ve time, at 12:01	a.m. on me earlie	ron (o) – rne 90th day	aner me
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Filing Fee: \$25.00