

10/30/23, 4:22 PM

Division of Corporations

L23000163064

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : WHOLE TAX PROFESSIONAL SERVICES, INC.
Account Number : I20200000179
Phone : (786)253-9951
Fax Number : (305)397-1052

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: wholetax@gmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LY INSTALLATIONS, LLC**

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Help

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LY INSTALLATIONS, 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 10/09/2023 and assigned
Florida document number L23000463064

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

LANDY HOME INNOVATION, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

133 W 27TH ST, APT 4

HALEAH, FL 33010

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

133 W 27TH ST, APT 4

HALEAH, FL 33010

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:

<u>Name of New Registered Agent:</u>	ROLANDO LABRADA ORQUIJO
<u>New Registered Office Address:</u>	133 W 27TH ST APT 4
	<i>Enter Florida street address</i>
	HALEAH, Florida 33010
	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.

Rolando Labrada Orquijo

If Changing Registered Agent, Signature of New Registered Agent

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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>	<u>Address</u>	<u>Type of Action</u>
AMBR	LABRADA ORQUIJO, YUMISEL	3140 NW 76TH ST	☐ Add
		MIAMI, FL 33147	☒ Remove
			☐ Change
AMBR	LABRADA ORQUIJO, ROLANDO	133 W 27TH ST APT 4	☐ Add
		HALEAH, FL 33010	☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove

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

[illegible]

E. Effective date, if other than the date of filing: _____ (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)(b)

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 OCTOBER 30 2023

Rolando Labrada Orquiza
Signature of a member of authorized personnel

Signature of a member or authorized representative of a member

ROLANDO LABRADA OROUO

Typed or printed name of signee

Filing Fee: \$25.00