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TALLAHASSEE, FL

2025 JAN 16 PM 4:03

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HLH Multiservices LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LORNA CESAR
Name of Person
HLH Multiservices
Firm/Company
3607 Skyline Blvd
Address
Cape Coral FL 33914
City/State and Zip Code
caribbeanusaire@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LORNA CESAR at (239) 990-4939
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$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

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2025 JAN 16 PM 4:03
STATE

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

HLH Multi 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 03-14-2024 and assigned Florida document number 99-1908358.

This amendment is submitted to amend the following:

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

CARIBBEAN USA MOBILE TIRE, LLC

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)

3607 Skyline Blvd
Cape Coral FL 33914

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Name of New Registered Agent:

LORNA RESAR

New Registered Office Address:

3607 Skyline Blvd

Enter Florida street address

Cape Coral

City

Florida

33914

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	LORNA CESAR	3607 Skyline Blvd	<input checked="" type="checkbox"/> Add
		Cape Coral FL 33914	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LORNA CESAR	3607 Skyline Blvd	<input checked="" type="checkbox"/> Add
		Cape Coral FL 33914	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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(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)

b) The 20th day after the

Dated 01-08-2025

LOREN'A DESAT.

Filing Fee: \$25.00