(shown below) on the top and bottom of all pages of the document.

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To:

10/11/2024 - 12:13 ₩H

Division of Corporations

Fax Number

: (850)617-6383

Account Name : TAXODA BUSINESS, CORP

Account Number : 120230000039
Phone : (786)768-8794
Fax Number : (786)803-8477

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LMT SERVICES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Corporate Filing Menu

COVER LETTER

TO: Registration Se Division of Cor					
	ACES, LLC		•		
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filmg			
Please return all correspo	ndence concerning this matter	to the following:			
	LILIAN MACIHN TRIAN	ίλ			
		Name of Person			
	LMT SERVICES, LLC				
		Firm/Company	<u></u> _		
	11120 W 35TH WAY, SP				
		Address			
	HIALEAH, FL 33018				
		City/State and Zip Code			
	hlymachin191290@gmail.c	ion to be used for future annual report no	witicston)		
For further information c	oncerning this matter, please o				
ODALYS RODRIGUEZ	4	1 (786) 768-5 at () Dayti	8794		
Name o	l Person	Area Code Dayti	me Telephone Number		
Enclosed is a check for the	te 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)		
<u>Mailing Addres</u> Registration (Street Address: Registration S	ection		
Division of Corporations		Division of Corporations The Centre of Tallahassee			
P.O. Box 632 Tallahassee,			oe Street, Suite 810		

Tallahassee, FL 32303

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
N/A	N/A	N/A	□Add
			Remove
			□Change
·····			□Add
			☐ Change
			□Add
			□Remove
		·—···	☐Change
			\ \ \ \ \
			CIRemove
			DChange
			🗆 🗀 Add
			□Remove
		,	CJAdd
			□Remove
			□ Change

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LMT SERVICES, LLC		and the same and the same and the	records)
(Name of the Limi	(A Florida Lim	mpany as it now appears on our ited Liability Company)	ream no
he Articles of Organization for this Limited L		any were filed on	4 and assigned
lorida document number L24000409084			
his amendment is submitted to amend the fol	lowing:		
. If amending name, enter the new name (of the limited	liability company here:	
MT HOME SERVICES, LLC			
he new name must be distinguishable and contain the	words "Limited I	liability Company," the designation	n "ELC" or the abbreviation "L. L.C."
inter new principal offices address, if applicable:		N/A	
Principal office address MUST BE A STRE	<u>ET ADDRESS</u>	<u> </u>	
		N/A	2024 OCT SECRETA
nter new mailing address, if applicable:		N/A	
Mailing address MAY BE A POST OFFICE	(BOX)		
			>
 If amending the registered agent and/or gent and/or the new registered office addre 	registered 6H ess here:	ice address on our records.	enter the name of the name registere
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
New Registered Writes (Address)		Enter Florida street	t address
			Florida
		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.

N/A
If Changing Registered Agent, Signature of New Registered Agent

N/A						
						
				^_		
		· 		· · · · · · · · · · · · · · · · · · ·		
	<u>.</u>					
Effective date, if other than the d fan effective date is listed, the date must h Note: If the date inserted in this bloc document's effective date on the Dep	e specific and canno k does not meet t	ot be prior to da he applicable	nte of filing or mo statutory filing	(option of the control of the contro	filmg.) Pursuant to 605.0	0207 d as
record specifies a delayed effective d is filed.	fate, but not an el	ffective time,	at 12:01 a.m. o	n the earlier of: (b) The 90th day after	the
OCTOBER 11st	20	24				
	1.1	6				
	∠ N-√-	4				
2	gnature of a memb	er or authorize	l representative (nf a member		

Filing Fee: \$25.00