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K. SALY

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COVER LETTER

	Registration So Division of Cor			
CUDIE		HOME ASSISTANCE LLC		
SUBJECT:Name of Limited Liability Company				
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
	,	Mike Town		
			Name of Person	
		Legalzoom.com, Inc.		
			Firm/Company	
9900 Spectrum Dr				
			Address	
		Austin, TX 78717		
			City/State and Zip Code	
		E-mail address: (to be used for future annual rep	ort notification)
For furth	er information c	oncerning this matter, please c	all:	
Mike To	own		800 773-0	
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Enclosed	l is a check for th	ne following amount:		
	00 Filing Fec	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section on of Corporations ox 6327 ussee, FL 32314	Registration Division of Clifton Buil	Corporations

Tallahassee, FL 32301

To:

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



HISPANIC HOME ASSISTANCE LLC

(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	··Ϥϭϯϳ
The Articles of Organization for this Limited Liability C Florida document number <u>L24000435831</u>	Company were filed on 10/11/2024 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited 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 ADDR	RESS)	_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		·
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, enter the name of the ress here:	new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City Zin 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 or removed	g Authorized Person(s) authorized to from our records:	o manage, enter the title, name, and ledd	ess of each person being adde	
MGR = Manager AMBR = Authorized Member		Address Add		
Title	<u>Name</u>	Address TALLAHASS	Y L. STATE Type of Action	
AMBR	JUAN CARLOS ACOSTA	1.00	EE. FLORIDA	
			Add	
			□ Remove	
		382 NE 191ST ST #527413 MIAMI, FL 33179	■ Change	
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•	Page, 6 of 6	2024-11-06 06:19:22 PST	LegalZoom.com, Inc	From: Candace Pringle
D. If a	nmending any other inform	nation, enter change(s) here: (Attach a	dditional sheets, if necessary.)	
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<u>No</u> :	te: If the date inserted in this	ust he specific and cannot be prior to date of filing block does not meet the applicable statutory Department of State's records.	or more than 90 days after filing) Pursu filing requirements, this date will no	ant to 605 0207 (3 Mb) at be listed as the
(b) T	he 90th day after the re		ve time, at 12:01 a.m. on th	e earlier of:
Dat	10/25/24	· · · · · · · · · · · · · · · · · · ·		
	MATH	Signature of a member or authorized represen	ative of a member	
	JUAN CARLOS ACO			
		Typed or printed name of star	tt	

To:

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Filing Fee: \$25.00