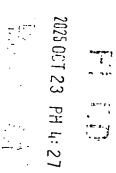
L26500020234

(Re	questor's Name)	
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(Adı	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to I	Filing Officer:	



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Office Use Only

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CT 10/24/2025

COVER LETTER

TO: Registration Solution of Con			
	struction, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Kyle Householder		
		Name of Person	
	HHS Construction		
		Firm/Company	
	1006 S Mount Carmel Rd		
		Address	
	Brandon, FL 33511		
		City/State and Zip Code	
	kyle@screwsandgluesremo	deling.com to be used for future annual report noti	
For further information of	concerning this matter, please c	,	nearon
Kyle Householder		630 2515012	
Name (of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se	ction
Division of C	Corporations	Division of Cor	rporations
P.O. Box 632	<i>41</i>	The Centre of T	ananassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



October 9, 2025

KYLE HOUSEHOLDER 1006 S MOUNT CARMEL ROAD BRANDON, FL 33511

SUBJECT: HHS CONSTRUCTION, LLC

Ref. Number: L25000025284

We have received your document for HHS CONSTRUCTION, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 925A00022801

Claretha Golden
Regulatory Specialist II

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

· · · · · · · · · · · · · · · · · · ·			000000000000000000000000000000000000000
	construction		2025 OCT 23 PH 4: 27
(Name of the Limited Lia (A Flo	bility Company as it r rida Limited Liability (low appears on our rec Company)	ords.)
The Articles of Organization for this Limited Liability Florida document number L25000025284	y Company were fi	led on 01/14/2025	and assigned
This amendment is submitted to amend the following	• •		
A. If amending name, enter the new name of the li	imited liability cor	npany here:	
The new name must be distinguishable and contain the words "I	Limited Liability Comp	pany," the designation "I	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		·	
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>		
B. If amending the registered agent and/or registe agent and/or the new registered office address here		on our records, <u>en</u>	ter the name of the new registe
Name of New Registered Agent:			
New Registered Office Address:			
		Enter Florida street add	dress
 -			Florida
	City	,	Zıp 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 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>	Address	Type of Action
Person	Kyle Householder	1006 S Mount Carmel Rd	■Add
		Brandon, FL 33511	□Remove
			□ Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			Change
			
			Remove
			□Change
			□Add
			Remove
			□Change
			□ Add
			Change

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ffectiv	date, if other than the date of filing: (optional)
<u>vote:</u> I	te date, if other than the date of filing:
record	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated _	2025
	19/ Work
	Signature of a member or authorized representative of a member