## 422000281359

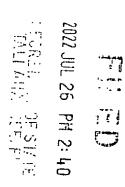
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A. DUTLER
007 2 0 2022

## **COVER LETTER**

TO:

Registration Section Division of Corporations

elid hezet.	2MH'S SE	RVICES LLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	MIL	AGROS HURTADO ACOSTA		
		Name of Person		
		2MH'S SERVICES LLC		
		Firm/Company		
	36	66 CULPEPPER TERRACE		
Address NORTH PORT, FL 34286				
	ľ	nilyhurtado9@gmail.com		
	E-mail address: (	to be used for future annual report no	tification)	
For further information c	oncerning this matter, please c	all:		
MILAGRÓS HURTADO	) ACOSTA	941 587-3758		
Name o	f Person	at () Area Code Daytic	ne Telephone Number	
Enclosed is a check for th	ne 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 Addres Registration 9 Division of C P.O. Box 632 Tallahassee, 1	Section forporations 7	Street Address: Registration So Division of Co The Centre of 2415 N. Monro Tallahassee, F	orporations Tallahassee oe Street, Suite 810	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Zip Code

2M:	H'S SERVICES LLC	2022 JUL 27	5 PH 2: 40
( <u>Name of the Limited</u> (?	Liability Company as it now ap A Florida Limited Liability Compar	pears on our records.)	1 40 (13 7 7 15 15 15 15 15 15 15 15 15 15 15 15 15
The Articles of Organization for this Limited Lia	bility Company were filed on	06/21/2022	and assigned
Florida document number 1.22000281359	·		
This amendment is submitted to amend the follow	ving:		
A. If amending name, <u>enter the new name of t</u>	he limited liability company	<u>y here</u> :	
N/A			
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," t	he designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applical	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
		•	
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·	
(Mailing address MAY BE A POST OFFICE B	<u> </u>		
B. If amending the registered agent and/or req agent and/or the new registered office address		ir records, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter	Florida street address	
		Florida	

## 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.

City

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>	Type of Action
MGR	MARYORE HURTADO ACOSTA	3666 CULPEPPER TERRACE	
		NORTH PORT, FL 34286	■Remove
			□Change
			□Add
			□Remove
			□ Change
		<del></del>	□Add
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		-		
Effective date, if other than th	e date of filing:		(optic	onal)
If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the I	lock does not meet the	applicable statutory		
ne record specifies a delayed effecti ord is filed.	ve date, but not an effe	ctive time, at 12:01 ;	i.m. on the earlier of: (b	) The 90th day after the
JULY 20th	2022	;		
Dated				
Dated				

Typed or printed name of signee