

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000316207 3)))



H210003162073ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : INDEPENDENT TAX SERVICES PLUS CORP.
Account Number : 120020000072
Phone : (305)887-0001
Fax Number : (305)884-6444

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

Email Address: Independenttaxservices@hotmail.com

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 AUG 26 PM 1:15

FILED

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GUILLEN & CO. HANDYMAN SERVICES LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

2021 AUG 26 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8/27/21

Aug. 26: 2021 4:13PM

COVER LETTER

HC No. 020103 P. 22073

TO: Registration Section
Division of Corporations

SUBJECT: ✓GUILLEN & CO.HANDYMAN SERVICES LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

JAIRO E GUILLEN

Name of Person

Firm/Company

13110 NE 12 TH AVE

Address

NORTH MIAMI FL 33161

City/State and Zip Code

Independenttaxservices@hotmail.com

E-mail address: (to be used for future annual report notification)

FILED
2021 AUG 26 PM 1:15
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

For further information concerning this matter, please call:

JAIRO E GUILLEN

786 419-2423
at ()

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

Aug. 26: 2021 4:13PM

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

No. 02011101P. 3/16/2020

GUILLEN & CO.HANDYMAN 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 03/11/2020 and assigned
Florida document number L20000079830

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

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:

New Registered Office Address:

Enter Florida street 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.

If Changing Registered Agent, Signature of New Registered Agent

If a person(s) authorized to manage, enter the title, name, and address of person(s) being added
or removed from our records:

Person(s) authorized to manage, enter the title, name, and address of ^{No. 0201} ^{Person} ^{being added}

MGR = Manager

AMBR = Authorized Member

[illegible]

No. 0201-7. 5-1-1968

2001 AUG 26 PM 1:15
SECURITY FILE
TAL AHASSER, FLORIDA

FILED
2021 AUG 26 PM 1:15
SECURITY
TAL ASSISTANT
FLORIDA

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 08/23 _____, 2021

JAIRO E GUILLEN

Typed or printed name of signee