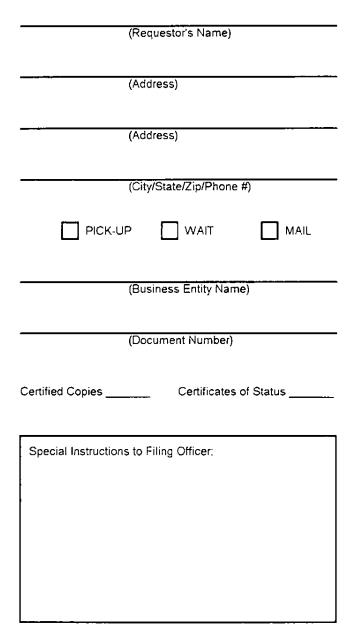
L24 0000 38228



Office Use Only





100423777951

02/23/24--01014--019 **25.00

85 til 4:28

COVER LETTER

TO:

Registration Section Division of Corporations

Mailing Address:
Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

SUBJECT: TON	S Handy M Name of Limi	ted Liability Company	rg LLC
	mendment and fee(s) are sub-	-	
r lease return an correspon	dence concerning this matter t	to the following:	
		Name of Person	
·	Tonis Ha	nd/man & Remol	Jeling UC
	10507 Bo	Address Address	<u> </u>
		SSA FL 3359 City/State and Zip Code	
	Hector V E-mail address: (t	e eva 96 @ gn o be used for future annual report notifi	ra 1. Con.
For further information co	ncerning this matter, please ca	ılt:	
Hector Name of	Viv va	at (64C) 804 Area Code Daytime	- 9310 Telephone Number
Enclosed is a check for the	e following amount:		
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fec: Certificate of Status & Certified Copy (additional copy is enclosed)

Street Address: Registration Section

Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Compa (A Florida Limited L	ty as it now appears on our records.)
(A Florida Limited L	Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 61/19/2024 and assigned
Florida document number <u>L 24 8000 3 8 22 8.</u>	
This amendment is submitted to amend the following:	: ؛ بور • حر
A. If amending name, enter the new name of the limited liab	ility company here:
Toni's handung & Remodel The new name must be distinguishable and contain the words "Limited Liabil	ing Services Get
The new name must be distinguishable and contain the words "Limited Liabil	ity Gompany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	10507 Baphill Cir
(Principal office address MUST BE A STREET ADDRESS)	Thomoto 3485 FL 33592
	202
Enter new mailing address, if applicable:	10507 Bey hill Cir 13
(Mailing address MAY BE A POST OFFICE BOX)	Thomatosissa FL 33597
	=:-
	N
B. If amending the registered agent and/or registered office a	
agent and/or the new registered office address here:	
Name of New Registered Agent:	tor Vieva
New Registered Office Address: 1050	or Bay hill Cir
New Registered Office Address.	Enter Florida street address
Thom	0 to Sassa . Florida 38592
	City Zip Code 3
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 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

11 ...

<u>Title</u>	<u>Name</u>	Address	Type of Action
MER	Hector Vieva	need to Be aDDed to	X Add
		CIT Handesassa FL 3359	LU □Remove
		CIT Honotosassa FC 3359	% □Change
			□Add
			· □Remove
			<u>\$`</u> □Change
			🗖 Add
			□Remove
			□Change
			□ Add
			. □Remove
			□Change
			🗆 Add
			Remove
			□Change
			⊡Add į̇̀
			Remove
			5 1.01

D	D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	ADD Services to the Subject as in	
	Tonis Handy man & Remodeling Services UC	<u>د</u> • •
	But ADDing Authorized person	
	Hector Viera is manditory	
	THE TOT VISUALIS WARRENCE OF	
÷	7 ————	
W. L.	ory	
	· 6 ₄	
	//	
		
	· · · · · · · · · · · · · · · · · ·	
E	E. Effective date, if other than the date of filing:	
	f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after ecord is filed.	the
	Dated 62/20/2024	
	4///	
	Signature of a member or authorized representative of a member .	
	11-11-11-11-11-11-11-11-11-11-11-11-11-	
	Typed or printed name of signee	

Filing Fee: \$25.00