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COVER LETTER

TO:

TO: Registration Se Division of Cor			
	ANDYMAN SERVICE, LLC		•
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. tse return all correspondence concerning this matter to the following: FELIPE VELOZ		
Please return all correspo	ondence concerning this matter	to the following:	
	FELIPE VELOZ		
		Name of Person	
	VELOZ HANDYMAN SE	ERVICE, LLC	
		Firm/Company	
	3923 PINTAIL COURT		
		Address	
	ORLANDO, FL 32822		
		City/State and Zip Code	
	_		
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
FELIPE VELOZ			
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	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 Address Registration S	Section	Street Address: Registration Sec	
Division of C P.O. Box 632		Division of Cor The Centre of T	•
Tallahassee, l			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VELOZ HANDYMAN SERVICE LLC	15 7 2:22
(Name of the Limited Liability (A Florida	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number L16000074444	ompany were filed on 04/14/2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
VELOZ REMODELING LLC	
The new name must be distinguishable and contain the words "Limit	ed 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 ADDRA	ESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
agent and/or the new registered office address here:	office address on our records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida City Zip Code
Now Desistand Asset's Construe if shapping Desistand	

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Remove
			□Change
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fective date, if other than the an effective date is listed, the date must ote: If the date inserted in this blooment's effective date on the De	ock does not meet the applica	2020 to date of filing or more than able statutory filing requir	(optional) 90 days after filing.) Pursuant ements, this date will not	t to 605.0207 he listed as
	. data har har an at an afternion di	ne, at 12:01 a.m. on the e	arlier of: (b) The 90th da	ny after the
	e date, but not an effective th			
is filed.				
record specifies a delayed effective is filed.		 rized representative of a me	nber	

Filing Fee: \$25.00