L24000163016

(Reques	stor's Name)	
(Addres	s)	
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(City/Sta	ate/Zip/Phone #)	
PICK-UP	WAIT	MAIL.
(Busine	ss Entity Name)	
(Docum	ent Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filing	g Officer:	
ų-	-23-24	





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COVER LETTER

TO:

	Registration Sec Division of Corp			
SUBJEC	1 Stop Hand	lyman Services LLC		
SUBJEC	.1;	Name of Limi	ited Liability Company	
The enclo	osed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please ret	turn all correspo	ndence concerning this matter	to the following:	
		Kristapher jimenez		
			Name of Person	
			Firm/Company	
		320 lakeview st apt 116		
		Address		
		Orlando fl 32804		
			City/State and Zip Code	
		1_stophandyman@yahoo.co	om to be used for future annual report not	ilitantion (
For furth	er information e	oncerning this matter, please co	·	incarron,
Kristaph	er jimenez		321 6671511	
	Name of	Person	Area Code Daytir	ne Telephone Number
Enclosed	is a check for th	e following amount:		
□ \$25.0	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		Street Address:	untion
	Registration S Division of C		Registration Se Division of Co	
	P.O. Box 632	7	The Centre of	Tallahassee
	Tallahassee, I	L 32314	2415 N. Monre	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1 Stop Handyman Services		
(<u>Name of the Limited Liability C</u> (A Florida Lim	ompany as it now appears on our recornited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Comp	pany were filed on 3/29/24	and assigned
Florida document number 1.24000153016		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
1 Stop Handyman Services LLC		7
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LL	
Enter new principal offices address, if applicable:	 	APR 2
<u> Principal office address MUST BE A STREET ADDRES.</u>	<u></u>	SSR U
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		PM 12: 05 PF STATE FLORID
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>ente</u>	r the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	288
		lorida
	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 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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		□Remove	
			□Change
			□Add
			□Remove
			□ Change

	
n effectiv ite: If t	date, if other than the date of filing:
ecord spis filed.	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
ted	4/16/24
	Signature of a member or authorized representative of a member
	·
	Kristapher jimenez

Filing Fee: \$25.00