# L11000011671

(R	equestor's Name)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
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(Ві	usiness Entity Name)
(D	ocument Number)
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APR 21 2010

**EXAMINER** 

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SECRETARY OF STATE PALEARING

#### **COVER LETTER**

TO:

Registration Section

Division of Corporations							
CUD IE CE	SOCARRAS HAN	DYMAN SERVICES	IIC				
SUBJECT:	Name of Limited Liability Company						
The enclosed Articles	of Amendment and fee(s) are sul	omitted for filing.					
Please return all corre	spondence concerning this matter	to the following:					
		ALEX MISENTA					
		Name of Person					
		21 (6)	<del></del>				
		Firm/Company					
	832	8320 SANTA MONICA AVE Address					
	-	FAMADAC EL 22221					
		TAMARAC, FL 33321  City/State and Zip Code					
	F-mail address: (	cantzme@gmail.com to be used for future annual report	notification)				
For further information	n concerning this matter, please of						
	Alex Misenta	at (_754_)	4440556				
Name of Person		at ( 754 ) 4440556  Area Code & Daytime Telephone Number					
Enclosed is a check for	or the following amount:						
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl.)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
Reg Div P.O	AILING ADDRESS: gistration Section ision of Corporations . Box 6327 lahassee, FL 32314	Registration So Division of Co Clifton Buildin	orporations				

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

### SOCARRAS 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			1/27/2011	and assigned	
Florida document numberL110000116	671			2011 APR	
This amendment is submitted to amend the follow		AHASS			
A. If amending name, enter the new name of t	<u>he limited liab</u>	<u>ility company here</u>	:	المساح المسام	
				P	
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Compan	y," the designation "	LLC for the abbreviation	
Enter new principal offices address, if applical	cable: 8320 SANTA MONICA AVE				
(Principal office address MUST BE A STREET ADDRESS)		TAMARAC, FL	. 33321		
Enter new mailing address, if applicable:		8320 SANTA MONICA AVE			
(Mailing address MAY BE A POST OFFICE BOX)		TAMARAC, FL	. 33321	···	
B. If amending the registered agent and/or registered agent and/or the new registered office			r records, <u>enter</u>	the name of the nev	
Name of New Registered Agent:	ALEX MISENTA				
New Registered Office Address:	8320 SANTA MONICA AVE				
	Enter Florida street address				
		AMARAC	, Florida	33321	
		City		Zip Code	
New Registered Agent's Signature, if changing Reg	gistered 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Address Type of Action** <u>Title</u> Name | MISENTA, ALEX MGRM ✓ Add ☐ Remove 8320 SANTA MONICA AVE TAMARAC FL 33321 US Napoles Socarras, MGRM 20715 NW 41ST AVENUE ROAD ☐ Add MIAMI GARDENS FL 33055 US ✓ Remove Diosdelto (continued) ☐ Add Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) APRIL 15 Signature of a member or authorized representative of a member DIÓSDÉLTO NAPOLES SOCARRAS Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00