

L11000011671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

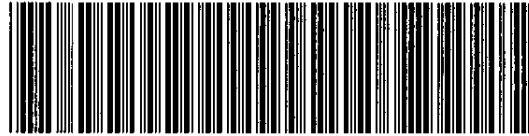
Special Instructions to Filing Officer:

A. LUNT

APR 21 2010

EXAMINER

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04/19/11--01019--021 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 APR 19 PM 3:32

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SOCARRAS 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:

ALEX MISENTA

Name of Person

Firm/Company

8320 SANTA MONICA AVE

Address

TAMARAC, FL 33321

City/State and Zip Code

cantzme@gmail.com

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

For further information concerning this matter, please call:

Alex Misenta

Name of Person

at (754)

4440556
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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:

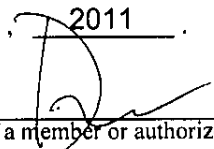
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	MISENTA, ALEX	8320 SANTA MONICA AVE TAMARAC FL 33321 US	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Napoles Socarras,	20715 NW 41ST AVENUE ROAD MIAMI GARDENS FL 33055 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
	Diosdelto (continued)		<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2011 APR 19 PM 3:32
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 STATE SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated APRIL 15, 2011



 Signature of a member or authorized representative of a member
DIÓSDDELTO NAPOLES SOCARRAS

 Typed or printed name of signee