# 11000101520

(Red	questor's Name)	
(Ada	dress)	· · · · · · · · · · · · · · · · · · ·
(Ado	dress)	
(Cit	y/State/Zip/Phone	<del>; #)</del>
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	·

Office Use Only



700260216787

05/19/14--01008--013 \*\*25.00

2014 I為Y 19 開順: K ALL ABYSSES TUBES

MAY 28 2014 T CLINE

W-101520

## **COVER LETTER**

TO:	Registration Division of C					
SUBJ	LEC	Q HANDYMA	N, LLC			
SUBJ	ECI:		nited Liability Company	<del></del>		
The e	nclosed Articles	of Amendment and fee(s) are sub	omitted for filing.			
Please	return all corres	pondence concerning this matter	to the following:			
		LEONARDO	QUINONES			
		. = 0 0 5 4 11 11	Name of Person			
		LEO Q PAIN	TING AND SERVI	CES,LLC		
			Firm/Company			
		9628 SW 1	46 PLACE			
			Address		-1	~ `
		MIAMI, FL 3	33186			2014
			City/State and Zip Code OLUTIONS@USA.CO		METAGE MANAGE	61 AUH 1102
			to be used for future annual report noti	fication)	TÍ Saista	<u> 12</u>
For fu	rther information	concerning this matter, please c	all:		=: () =: ()	亚三:13
LE	ONARE	OO QUINONES	$3 = \frac{786}{217-8}$	569	ŞĦ	ယ
	Namo	e of Person		e Telephone Number		
Enclos	sed is a check for	the following amount:				
■ \$2	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filin Certificate Certified C (additional co	of Statu Copy	

#### **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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEO Q HANDYMAN, LLC				
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number L1000101520	were filed on 09/6/2011	av	nd assig	med
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
LEO Q PAINTING AND SERVICES, LLC				
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or	the abbrevia	ttion "L.I	C."
Enter new principal offices address, if applicable:	9628 SW 146 PLACE			
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33186			
•		J		<del></del>
			***	
Enter new mailing address, if applicable:			19	
(Mailing address MAY BE A POST OFFICE BOX)			شئت	<u> </u>
	***************************************		11 <u>2</u> 2,	1
	***************************************	21.1	ū	
B. If amending the registered agent and/or registered of		ter the n	ame of	the new
registered agent and/or the new registered office address her	<u>e</u> :			
Name of New Registered Agent:				<del></del>
New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·		
	Enter Florida street address		•	
	, Florida		C- 1-	
	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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

AMBR = A	Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			Remove
			□ Add
			□ Remove
			Zadd Tagadd
			Remove.
			in Removes.
			□ Add
			□ Remove
			□ Add
			Remove
			· · · · · · · · · · · · · · · · · · ·
			Add
			☐ Remove

D. If amending any other information, enter change(s) here: (Attach addit	tional sheets, if necessary.)
· · ·	
<del></del>	<del> </del>
. Effective date, if other than the date of filing:  (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot the date this document is filed by the Florida Department of State)	(optional) t be more than 90 days after
Dated MAY 14 , 2014	
Su:	
Signature of a member or authorized representative	
LEONARDO QUINON	. — -
	IES

Page 3 of 3

20141AY 19 協能:13

Filing Fee: \$25.00