1140000 22665

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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S. YOUNG

COVER LETTER

| TO: Registration Division o | on Section f Corporations | • | |
|-----------------------------|--|---|---|
| SUBJECT: | Si Ne | tworks l | LC |
| SUBJECT. | Name of Limit | ted Liability Company | |
| | | | |
| The enclosed Articl | es of Amendment and fee(s) are subn | nitted for filing. | |
| Please return all cor | respondence concerning this matter t | o the following: | |
| | Roberto | Name of Person Firm/Company | <u>Lemus</u> |
| | 2921Nw | | |
| | Miami I antonyrok E-mail-address: (10 | FL 33 142 City/State and Zip Code Sexth Qhotm o be used for future annual report notific | |
| For further informa | tion concerning this matter, please ca | 11: | |
| Robert | o Siu Lemu's | at (305) 748 8 Area Code Daytime | 30 13 Telephone Number |
| Enclosed is a check | for the following amount: | | |
| □ \$25.00 Filing F | - | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | P\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Florida department |
| R D P | egistration Section vivision of Corporations O. Box 6327 allahassee, FL 32314 | STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323 | tions ter Circle |

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

| Siu Wetworks (Name of the Limited Liability Company as it now | appears on our records.) |
|--|--|
| The Articles of Organization for this Limited Liability Company were filed Florida document number 140000 22.665 | r |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability company Siu Handyman Net The new name must be distinguishable and contain the words "Limited Liability Company | |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRESS) | 7.5 10 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address terms and/or the new registered office address here: | ess on our records, enter the name of the ne |
| Name of New Registered Agent: | |
| New Registered Office Address: | ter Florida street address |
| | Florida |
| 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

| MGR = | Manager | |
|--------|------------|--------|
| AMBR = | Authorized | Member |

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|--------------|----------------|----------------|
| | | | |
| | | | Remove |
| | | | Change |
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| | | | Change |

| D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|--|
| add Handyman roles |
| |
| - Repair works |
| - Home maintenance |
| - Offices maintenance projects |
| - Repair Rotten Fasaa, Fences |
| Windows doors, Gateway, |
| Drywall Finishing Toilet Repair |
| replace, Ceiling Fan Replacement |
| Painting walls, Plumbing repairs, |
| Replacing a Light Fixture, |
| Faicet Replacement, Dryer Vent |
| cleaning, TV wall mount, |
| Clearing Clagged Drains, Gutter |
| Cleaning, Replacing Electrical Outlet) |
| Lighth switcher and coaxial terminal |
| The same same same |
| and RT45 terminal, tence Fost Repair, Handyman repair From A-Z |
| E. Effective date, if other than the date of filing: |
| (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the |
| document's effective date on the Department of State's records. |
| If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. |
| 5 |
| Dated Sep-05/2019. 1 PM |
| Signature of a member or authorized representative of a member |
| Roberto Jose Sin lemm) |
| Typed of printed name of signee |
| |

Page 3 of 3

Filing Fee: \$25.00