15000115971

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COVER LETTER

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TO:	Registration Se Division of Cor			
011		ndyman Services, LLC		
SUL	BJECT:	Name of Lim	ited Liability Company	
The	enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Plea	ise return all correspo	ndence concerning this matter	to the following:	
		Michelle Figueroa		
			Name of Person	
		Victor's Handyman Servic	es, LLC	A Commence of the Commence of
			Firm/Company	
		32 Catalina Court	·	
			Address	
		Kissimmee, FL 34758		
			City/State and Zip Code	_
		victorshandymanservices@	outlook.com to be used for future annual report notific	
				zation)
For	further information co	oncerning this matter, please co	all:	
Mic	chelle Figueroa		407 920-4862 at ()	
Name of Person Area Code Daytime Telephone Numb		Telephone Number		
				·
Enci	losed is a check for th	e 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Victor's Handyman Services, LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) .iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L15000115971	were filed on <u>7/6/2015</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent:		201 1
New Registered Office Address:		MAR URE IN
	Enter Florida street address , Florida City	HAR 26 Prode NHAR 26
New Registered Agent's Signature, if changing Registered Agent:	ř	
hereby accept the appointment as registered agent and agree	e to act in this capacity. I further	agree to comply with th

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Victor L Figueroa Jr		□ Add
			□ Remove
AMBR	Michelle Figueroa		
			□ Remove
			€ Change
			Add
			□ Remove
			□ Change
			Remove
			Change
			Add
			Remove
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fective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing or n	(optional)	
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ocument's effective date on the Department of State's records.		
e record specifies a delayed effective date, but not an effective	time at 12:01 a.m. on the earlie	ar of
The 90th day after the record is filed.	time, at 12.01 a.m. on the eather	SI ()
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Filing Fee: \$25.00