## 1500140885

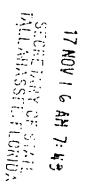
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



600305662146

11/16/17--01013--006 \*+30.00



## **COVER LETTER**

TO: Registration So Division of Cor			
Osorio Hat	ndyman Services, LLC		
SUBJECT:	Name of Limi	ited Liability Company	<del></del>
The analoged Articles of	Amendment and fee(s) are sub-	mitted for filing	
riease return att correspo	ondence concerning this matter	to the following.	
	Mario F Osorio Rodriguez		
		Name of Person	<del> </del>
		Firm/Company	
	4071 16th Ave NE		
		Address	
	Naples, FL 34120		
	. 107601	City/State and Zip Code	
	osorio1976@live.com  E-mail address: (	to be used for future annual report notifi	ication)
For further information of	concerning this matter, please ca	all:	
Mario F Osorio Rodrigu		239 293-1620	
Name (	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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

Osorio Handyman Services, LLC		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L15000140885	y were filed on 8/18/2015	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Osorio Pool Construction, LLC		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the	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:		<del></del>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o	office address on our records onto	u the name of the
registered agent and/or the new registered office address he		T the name of the ne
		- 17 - 17
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		SSI SSI
New Registered Office Address.	Enter Florida street address	
	. Florida	7:
	City	E Zip Gde
New Registered Agent's Signature, if changing Registered Agent	1:	→

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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			Change
			☐ Remove
			Change
			D Add
		<u> </u>	Remove
			Change
			□ Remove
		<del></del>	□ Change
			□ Add
			☐ Remove
			☐ Change
			Add
			Remove

\_ Change

, ,	
	AAR 80
	S
	SS
	C. A
	7: 4 DRA LOR
	<del></del>
ective date, if other than the date of filing:	(optional)
n effective date is listed, the date must be specific and cannot be prior to date.  If the date inserted in this block does not meet the applicable s	e of filing or more than 90 days after filing.) Pursuant to 605.02 statutory filing requirements, this date will not be listed.
cument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an	effective time, at 12:01 a.m. on the earlier
The 90th day after the record is filed.	
ted 11-08-2017  Mario Osorio  Signature of a member or authorized	
104 1 1 1 1 2 2 2 2 1	
led 11 00 20	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00