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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MAGIC HANDS HANDYMAN, LLC

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**EXAMINER** 

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAGIC HANDS HANDYMAN,	LLC				
(Name of the Lim	ted Liability Compa (A Florida Limited i	ny as it now appears on ou Liability Company)	r records.)	<del></del>	
The Articles of Organization for this Limited Liability Company were filed on 09/22/2015			15	and assigned	
Florida document number L15000161280					
This amendment is submitted to amend the fol	lowing;				
A. If amending name, enter the new name of	of the limited liab	ility company here:	;;; }-;		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designati	ion "LLC" or the high	eyiation L.L.C."	
Enter new principal offices address, if applicable:		8360 W. OAKLAND I	BLVD 🐉	N	
(Principal office address MUST BE A STREET ADDRESS)		#113	71 111		
		SUNRISE, FL 33351		4	
Enter new mailing address, if applicable:		8360 W. OAKLAND I	BLVD E	9: 08	
(Mailing address MAY BE A POST OFFICE	BOX)	#113			
7		SUNRISE, FL 33351			
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	ffice address her		records, <u>enter t</u>	he name of the nev	
	9360 W (O.) Y)	· ልእባጌ ው፤ እሃነን #113			
New Registered Office Address:	8360 W. OAKLAND BLVD #113  Enter Florida street address				
	SUNRISE		, Florida <sup>3335</sup>	51	
	<del></del>	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.

Francisco Javier Zuluaga

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
) (OD	JOAQUIN PALACIO	7733 NW 17TH CT	
MGR			Add
		PEMBROKE PINES, FL 33024	
			Remove
			Change
MGD	WILLIAM PALACIO	7733 NW 17TH CT	
MGR			
		PEMBROKE PINES, FL 33024	
			Remove
			A C
			Change
MGR	FRANCISCO JAVIER	12013 NW 11 ST	Mark on I
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