

OCT/25/2018 THU 12:55 PM

10/25/2018

FAX NO.

9.002/004

Division of Corporations

# Florida Department of State

## Division of Corporations Electronic Filing Cover Sheet

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

Certificate of Status	0
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Page Count	04
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T. CLINE

OCT 26 2018

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

MAGIC HANDS HANDYMAN, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/22/2015 and assigned  
Florida document number L15000151280

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability 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)

8360 W. OAKLAND BLVD

#113

SUNRISE, FL 33351

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8360 W. OAKLAND BLVD

#113

SUNRISE, FL 33351

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

FRANCISCO JAVIER ZULUAGA

New Registered Office Address:

8360 W. OAKLAND BLVD #113

*Enter Florida street address*

SUNRISE

Florida 33351

*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

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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>	<u>Address</u>	<u>Type of Action</u>
MGR	JOAQUIN PALACIO	7733 NW 17TH CT	<input type="checkbox"/> Add
		PEMBROKE PINES, FL 33024	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	WILLIAM PALACIO	7733 NW 17TH CT	<input type="checkbox"/> Add
		PEMBROKE PINES, FL 33024	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	FRANCISCO JAVIER ZULUAGA	12018 NW 11 ST	<input type="checkbox"/> Add
		PEMBROKE PINES, FL 33026	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2. 004/004

2016 OCT 25 AM 9:08  
COUNTY OF ST. JAMES  
CLARK COUNTY, FLORIDA

**Filing Fee: \$25.00**