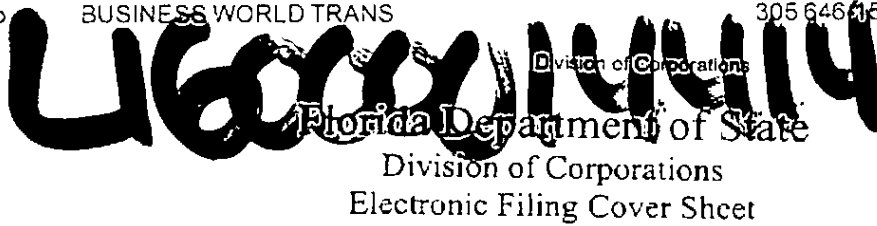


Oct 26 18, 05:54p
10/26/2018

BUSINESS WORLD TRANS

305 646-1527

p.1



Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H18000310958 3)))



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To:
Division of Corporations
Fax Number : (850)617-5383

From:
Account Name : BUSINESS WORLD TRANSACTIONS, INC.
Account Number : 104512000707
Phone : (305)803-2736
Fax Number : (305)646-1527

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PREFERRED HANDYMAN SERVICES, LLC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2018 OCT 29 PM 10:12

Electronic Filing Menu

Corporate Filing Menu

Help

10/30/18 OS

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

PREFERRED HANDYMAN SERVICES, 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 01/21/2016 and assigned
Florida document number: L16000014414

This amendment is submitted to amend the following:

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

PREFERRED QUALITY WORK, L.L.C.

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)

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 on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, **Florida** 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 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	FRANCISCO OLIVERA	8025 NW 8 ST APTD 13	<input type="checkbox"/> Add
		MIAMI, FL 33126.	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMGR	FRANCISCO OLIVERA	8025 NW 8 ST APTD 13	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33126	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOSE A. FARINAS	8025 NW 8 ST APTD 13	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33126	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

1536

E. Effective date, if other than the date of filing: _____ (optional)
 (If no effective date is filed, the date of filing will be the effective date.)

(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)(h)

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.

(b) The 90th day after the record is filed.

Dated 10/25/2018

Signature of a member or authorized representative of a member

FRANCISCO OLIVERA

Typed or printed name of signee