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SECRETARY OF STATE

COVER LETTER

то:-	Registration Se Division of Cor													
SUBJE		LEANING SERVICES, LLC												
SUBJE.	CI:	Name of Lim	ited Liability Company											
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.											
Please r	eturn all correspo	ndence concerning this matter	to the following:											
		REYES BEDOLLA												
			Name of Person											
REY THE HANDYMAN, LLC														
Firm/Company														
2014 SW LARCHMONT LN Address PORT ST LUCIE FL 34984														
							City/State and Zip Code							
							REYESBEDOLLA@GMAIL.COM E-mail address: (to be used for future annual report notification)							
For furt	her information co	oncerning this matter, please ca	all:											
ELIZABETH BEDOLLA			717 333-7781											
Name of Person				Telephone Number										
Enclose	d is a check for th	ne 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

ELITE 1 CLEANING SERVICES, LLC		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our records. ed Liability Company))
he Articles of Organization for this Limited Liability Compa	any were filed on 03/27/2017	and assigned
lorida document number L17000068850		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited li	iability company here:	
REY THE HANDYMAN, LLC		
he new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC"	
Enter new principal offices address, if applicable:		TISECON DE TO
Principal office address MUST BE A STREET ADDRESS,		
	 	Size of M
		型型
Enter new mailing address, if applicable:		01: 3
Mailing address MAY BE A POST OFFICE BOX)		10 m
3. If amending the registered agent and/or registered egistered agent and/or the new registered office address h		enter the name of the
Name of New Registered Agent:	·····	
New Registered Office Address:		
	Enter Florida street address	
	. Flor	rida
·	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.

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			
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	e date inserted in t s effective date on				ible statute	ry filing requ	irements, th	is date will	not be listed a
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he 90t	th day after the	e record is f	iled.						
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