4.44

L17000123284

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	<u> </u>
(Čit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer.	

Office Use Only



200304700492

200304700492 10/19/17--01010--012 **25.00

17 OCT 19 PH 2: 28

2 is 15 6. 100 diffe

D SCOTT OCT 1 9 2017

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJ	Name of Limited Liability Company
The e	nclosed Articles of Amendment and fee(s) are submitted for filing.
Please	e return all correspondence concerning this matter to the following:
	Miguel A. Doran Name of Person
	Firm/Company
	Lcts60 Moving 8 JUNG Houling LCC Firm/Confany 1401 Leto Labes plvl opt 10'3 Address
	City/State and Zip Code City/State and Zip Code E-mail address: (to/foc used for future annual report notification)
For fi	orther information concerning this matter, please call:
71	Name of Person at (786) 704 6026 Area Code Daytime Telephone Number
Enclo	sed is a check for the following amount:
_	25.00 Filing Fee Scrifficate of Status Certified Copy Certificate of Status 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 Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lets62 noving & JU	NX Holling LCC	
(Name of the Limited Liability Comp. (A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 170013354	were filed on Le Le 17	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab Letses Handy Man The new name must be distinguishable and contain the words "Limited Liab	scrvices LLC	obreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)	TAMPA FI	33(014
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		 _
B. If amending the registered agent and/or registered or registered office address here.		the name of the new
Name of New Registered Agent: M/9/V	(A. Duran	
New Registered Office Address:	Leto Lakes OlVa Enter Florida street address	5pt 103
	ther Piorida street address Little Piorida Florida	35614 Zin Code ^{cc}

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

Title <u>Address</u> **Type of Action** <u>Name</u> AMOR MIGUEL A Duras opt 103 tompa fl 3)614 ☐ Remove _□ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change - □ Change ☐ Remove ☐ Change □ Add ☐ Remove □ Change

	add EIN # 82-1790310			
	C(((C) = + N ++)01 1110,110			
_	······································			
	· · · · · · · · · · · · · · · · · · ·			
				_
				— .
		<u> </u>		
				~~
				;
				—Üü
			17.	~\p
			-1. :	: :
			, مورو	1.9
Effective	date, if other than the date of filing: (optional)	376	ru En
Note: If	ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days the date inserted in this block does not meet the applicable statutory filing requirements t's effective date on the Department of State's records.	after filing.] this date	Pursuant to will not be l	605.020 listed a
ne reco The 9	rd specifies a delayed effective date, but not an effective time, at 12: 0th day after the record is filed.	01 a.m. o	on the ea	rlier o
Dated	9/17/2017.			
	Signature of a member or authorized representative of a member			

Page 3 of 3

Filing Fee: \$25.00