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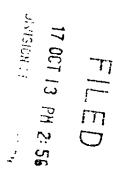
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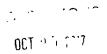
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## COVER LÉTTER

TO: Registration Section	
Division of Corporations	
- <del>-</del>	
SUBJECT: Fernandez's Handyman	Services
Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Michel Fernande	٠ .
Name of Person	<del></del> -
Hernander's Hand	Juman Sau icas
Firm/Company	GITCE S
DUM 11112 11 2 5	
240 NW 167 St Address	
Address	
Miani Gardens +1	<u>33054</u>
City/State and Zip Co	ode
MyaFernandez @\ E-mail address: (to be used for future ann	ive com
E-mail address: (to be used for future ann	ual report notification)
For further information concerning this matter, please call:	
To the discrimination concerning this matter, please call:	
Michel Fernandez at (786) Name of Person Area Code	306-2957
Name of Person Area Code	Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcia \Bigcia \S30.00 Filing Fee & \Bigcia \S55.00 Filing Fe	
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee Certificate of Status Certified Copy	
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MAILING ADDRESS: STRE	ET/COURIER ADDRESS:
Registration Section Regist	tration Section
	on of Corporations
	n Building Executive Center Circle
2001	OVERHING CERTEL CILCTS

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Fernandez's Handuman Services
(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 100017 and assigned
Florida document number 17000308307
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
y savet the new state of the manted hability company here:
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"
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)
D. Ye
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: Lichel Ferrandez
New Registered Office Address: Lichel Fernandez 2410 NW 167 St
Enter Florida street address
Liqui Gardens, Florida 33054
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

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