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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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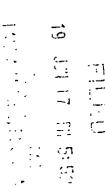
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COVER LETTER

Handyman Home Improvement Restoration, LLC SUBJECT: 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: Shaynette Pacheco Name of Person Handyman Home Improvement Restoration, LLC Firm/Company 11465 Viking St Address Spring Hill, FL 34609 City/State and Zip Code homeimprovementrestoration@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Shaynette Pacheco 267 776-3379 Name of Person Daytime Telephone Number Area Code Enclosed is a check for the following amount: □ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ■ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

Handyman Home Improvement Restora	•	
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records. a Limited Liability Company))
The Articles of Organization for this Limited Liability (Florida document number L18000066815	Company were filed on 03/14/2018	and assigned
Florida document number	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited 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 ADD	RESS)	<u> </u>
		<u> </u>
Enter new mailing address, if applicable:		17 1
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		- : : : : : : : : : : : : : : : : : : :
B. If amending the registered agent and/or registered agent and/or the new registered office add		enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	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, <u>enter the title, name, and address of each person</u> <u>being adde</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Alejandro Pacheco Alvarez	11465 Viking St, Spring Hill, FL 34609	
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www.ta			□ Add
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	June 12, 2019	
E. Effective date, if other than	the date of filing:	(optional)
Note: If the date inserted in this	must be specific and cannot be prior to date of filing or more than a block does not meet the applicable statutory filing require Department of State's records.	90 days after filing.) Pursuant to 605.0207 (3)(ements, this date will not be listed as the
If the record specifies a dela (b) The 90th day after the i	yed effective date, but not an effective time, a record is filed.	t 12:01 a.m. on the earlier of:
June 12 Dated	2019	
Down	D Pocheco	
Q_{i}	Signature of a member or authorized representative of a men	nber
Shaynette Pachec	0	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00