L18000071184

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	dress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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FILED

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SECRETARY OF STATE
FALL AND SEEF IN COMM.

K SALY APR 13 2018



TO: Registration Section
Division of Corporations

S & S Ha	ands On, LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Roberto Santoni		
		Name of Person	
	Santoni Law, P.A., d/b/a F	lorda In-House Counsel Law Group	p
		Firm/Company	
	4820 New Broad Street		
		Address	
	Orlando, Florida 32814		
		City/State and Zip Code	
	rsantoni@FIHCLawGroup.	com to be used for future annual report notif	~
For further information	n concerning this matter, please c		neation)
Roberto Santoni		407 233-3490 at ()	
Name	c of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for	the 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

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



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

S & S Hands On, LLC

o do o manas on, page		<u> </u>
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) A Florida Limited Liability Company)	TOTALE PLOSIES
The Articles of Organization for this Limited Lial Florida document number L18000071184	bility Company were filed on March 19, 2018	and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applical	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Name of New Registered Agent:	registered office address on our records, e	nter the name of the new
New Registered Office Address:	Enter Florida street address	-
	1714	
	City Florid	Zip Code
New Registered Agent's Signature, if changing Reg	gistered Agent:	
provisions of all statutes relative to the proper accept the obligations of my position as registe	agent and agree to act in this capacity. I furthe and complete performance of my duties, and l ered agent as provided for in Chapter 605, F.S. gistered office address, I hereby confirm that th nange.	am familiar with and Or, if this document is

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>	Address	Type of Action
AMBR	Eric Salgado	455 Magnolia Avenue Orange City, Florida 32789	Add
		-	Remove
		<u></u>	Change
AMBR Ivan Salgado	Ivan Salgado	455 Magnolia Avenue Orange City, Florida 32789	IX Add
			□ Remove
			Change
			□ Add
			Removen
			Change III
			Add:
			Change
			Add
		Remove	
			Change
			Add
			Remove
	•		☐ Change

•	
	
lf an e Note	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
Dated	3/30/18
	Signature of a member or authorized representative of a member
	Roberto Santoni
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 9, 2018

SANTONI LAW, P.A. ROBERTO SANTONI 4820 NEW BROAD ST. ORLANDO, FL 32814

SUBJECT: S & S HANDS ON LLC Ref. Number: L18000071184

We have received your document for S & S HANDS ON LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted is incomplete. Enclosed is the missing page for your convenience. Please complete and return to our office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 818A00007117

Karen A Saly Regulatory Specialist II

www.sunbiz.org