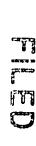
## 

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
<u></u>				
Special Instructions to Filing Officer:				





11/08/18--01013--016 \*\*50.88



## **COVER LETTER**

TO:	Registration Se Division of Cor			
SUBJE	CORTES H	IANDY SOLUTIONS, LLC		
SUBJE		<del></del>		
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please 1	return all correspo	ndence concerning this matter	to the following:	
		YAMARIS CORTES		
		CORTES HANDY SOLU	Name of Person TIONS, LLC	
Address LEHIGH ACRES, FL 33976				
			City/State and Zip Code	
			to be used for future annual report notifi	cation)
For furt	her information co	oncerning this matter, please ca	all:	
YAMA	RIS CORTES		787 941-5027 at ( )	
	Name of	f Person		Telephone Number
Enclose	d is a check for th	e 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

FILED

(Name of the Limited Liability Company as it now appears on our reitpres.) IASY OF S

ZUIBNOV -8 PM 1:25

The Articles of Organization for this Limited Liability Company were filed on APRIL 18, 2018 and assigned Florida document number L18000097853 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address \_, Florida \_\_ City

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	YAMARIS CORTES	4204 10TH STREET SW LEHIGH ACRES, FL 33976	<b>∃</b> Add
			☐ Remove
			Change
	-		
<u> </u>	<del></del>		
			☐ Remove
		<del></del>	Change
			□ Abd
			□ Remove
			☐ Change
			Add
:			Remove
			Change
			□ Add
			Remove
			Change

D. 1		ending any other info	rmation, enter c	hange(s) here:	(Attach addition	al sheets, if neces	sary.)	
•		-				<del></del>		
	•				<del></del>		<del></del> .	
							<u> </u>	
			·		<del></del>			
		<del></del>						
			<u>.                                    </u>			<del></del>		
				<del></del> <del></del> .				
						<u> </u>		
		·						
							<del></del>	
(I	f an ef <u>Note:</u>	tive date, if other than fective date is listed, the date in fit the date inserted in the nent's effective date on the	must be specific and is block does not n	I cannot be prior to neet the applicab	date of filing or mor le statutory filing	(option e than 90 days after fi requirements, this o	ling.) Pursuant to 605.0	207 (3)(b as the
If th (b)	e re The	cord specifies a dela 90th day after the	yed effective d record is filed.	iate, but not a	an effective tin	ne, at 12:01 a.	m. on the earlier	of:
Ι	: Dated	OCTOBER 24	,	2018	. •			
		Jan Carl	Signature of a r	member or authoriz	zed representative of	a member		
		YAMARIS CORTE						
		i AWARIS CORTE	<u> </u>	Typed or printed a	name of signee			

Page 3 of 3

Filing Fee: \$25.00