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(I	Requestor's Name)	<u>.</u>
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	Business Entity Name)	
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COVER LETTER

Registration Section

Division of Corporations

TO:

20 111 3 24 8. 1. LPEREZ HANDYMAN 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: JOSE R PEREZ CRESPÓ Name of Person J.PEREZ HANDYMAN LLC Firm/Company 3506 W 14th CT Address HIALEAH, FL 33012 City/State and Zip Code taxodalys@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Odalys Rodriguez Daytime Telephone Number Name of Person linelosed is a check for the following amount: ☐ \$55,00 Filing Fee & ☐ \$60.00 Filing Fee. ☐ \$30,00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is englosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section **Division of Corporations** Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J.PEREZ HANDYMAN LLC

company has been notified in writing of this change.

(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 Lia Florida document number <u>L18000129628</u>	omty Company	were med on	and assigned	
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	the limited liab	ility company here:		
PEREZ, LLC				
he new name must be distinguishable and contain the wo	rds "Limited Liabi	lity Company," the designation "LLC" o	r the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		3506 W 14th CT		
(Principal office address MUST BE A STREET ADDRESS)		HIALEAH		
		FL 33012		
			·	
Enter new mailing address, if applicable:		3506 W 14th CT		
(Mailing address MAY BE A POST OFFICE BON)		HIALEAH		
		FL 33012		
B. If amending the registered agent and/or re	* • *	address on our records, <u>enter th</u>	e name of the new regist	
gent and/or the new registered office address Name of New Registered Agent:	nere:			
Name of New Registered Agent:	3506 W 14th C	T		
		T Enter Florida street address		
Name of New Registered Agent:	3506 W 14th C	Enter Florida street address	da ³³⁰¹²	
	3506 W 14th C		đa 33012 Zip Code	

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

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>	Address	Type of Action
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
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Effective date, if other than the data in effective date is listed, the date must be Note: If the date inserted in this bloc document's effective date on the Dep	be specific and cannot be priced to the specific and cannot be specific applications.	icable statutory filing r		
e record specifies a delayed effective ord is filed.	date, but not an effective	time, at 12:01 a.m. on	the earlier of: (b) The 90th	day after the
Dated	2019	·		
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