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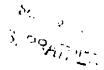
(Requestor's Name)
	Address)
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(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business Entity Name)
	Document Number)
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COVER LETTER

TO:	Registration S Division of Co			
cub ucz		HANDYMAN SERVICES LL	С	
SUBJEC	-1: <u></u>	Name of Lim	ited Liability Company	
		Amendment and fee(s) are subondence concerning this matter		
		Lucas J Chagas		
			Name of Person	
		CHAGAS HANDYMAN	SERVICES LLC	
		•	Firm/Company	
		778 NW 7TH STREET		
			Address	
		BOCA RATON, FL 33486	· ·	
			City/State and Zip Code	
		dssilver4@aol.com	to be used for future annual report notif	· ···· :
For furth	er information o	e-mail nodress: (concerning this matter, please c		ication
Lucas J			561 674-6484 at ()	
	Name o	of Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for t	he following amount:		
≅ \$25.0	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

CHAGAS HANDYMAN SERVICES LLC

(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 August 7, 2018 and assigned Florida document number $_L18000145877$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Chagas Home Improvement & Handyman Services LLC 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

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>	Name	Address	Type of Action
		·	
			□ Remove
			Change
			Add
			□ Remove
			Change
			☐ Remove
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Effective date, if	other than the date	Augi	ust 7, 2018		_ (optional)	
(If an effective date is Note: If the date i	listed, the date must be s nserted in this block of ve date on the Depart	pecific and cannot loes not meet the	applicable statutor		ays after filing.) Purst	
	fies a delayed eff after the record		ut not an effec	tive time, at 1	2:01 a.m. on th	ne earlier o
Dated August 7		2018				
						1

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00