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## **COVER LETTER**

TO: Registration Se Division of Cor					
	ERVICES KAR & MORE, LL	С			
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	NEFTALI CLEMENTE R	tios			
		Name of Person	<del></del> -		
	MOBILE SERVICES KAI	R & MORE, LLC			
		Firm/Company			
	6000 DEWITT PL				
		Address			
	LAKE WORTH, FL 3346	3	_		
	-	City/State and Zip Code			
	NUEVAERA@COMCAST	NET to be used for future annual report no	+ilication)		
For further information c	e-mail address: (		arrearon)		
NEFTALI CLEMENTE	RIOS	561 318-9743			
Name o	f Person	Area Code Dayti	me Telephone Number		
Enclosed is a check for the	he 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)		
<u>Mailing Addres</u> Registration		Street Address: Registration S			
Division of C		Division of Corporations The Centre of Tallahassee			
P.O. Box 632 Tallahassee,			roe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## MOBILE SERVICES KAR & MORE, 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 C	Company were filed on 06/25/	2018	and assigned
Florida document number L18000154258			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ited liability company here	:	
THE SPECIALIST HANDYMAN SERVICE, LLC			
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the desig	mation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
Muning dualess MAT DE ATOST OFFICE BOM			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	d office address on our reco	rds, <u>enter the nam</u>	e of the new registered
New Registered Office Address.	Enter Florida	street address	
		Florida	F
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered	d Agent:		·
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and confidence the obligations of my position as registered as being filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of my gent as provided for in Cha	oduties, and I am f opter 605, F.S. Or,	amiliar with and if this document is

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 =	<b>Authorized Member</b>

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			Change
			□Add
		<del></del>	□ Remove
			□Change

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Filing Fee: \$25.00