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(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cid	ty/State/Zip/Phone	: #)
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(Bı	usiness Entity Nam	ne)
(Do	ocument Number)	
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SELECTION OF

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COVER LETTER

TO:	Registration Se Division of Cor			
erintr		DYMAN SERVICES LLC		
SUBJF	.C1:	Name of Lim	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please i	return all correspo	ndence concerning this matter	to the following:	
		ERNESTO W. DIAZ PA	CHECO	
			Name of Person	·····
		DIAZ HANDYMAN SER	VICES LLC	
			Firm/Company	<u> </u>
		6014 HANLEY RD		
			Address	
		TAMPA FLORIDA 33634	4	
			City/State and Zip Code	
		DIAZERNESTO976@GM	IAIL.COM	
		E-mail address; ()	to be used for future annual report notifi	cation)
For furt	her information co	oncerning this matter, please co	ılk	
ERNE	STO W DIAZ PA	CHECO	813 735-7829	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclose	ed 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

DIAZ 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 I Florida document number L18000164231	Liability Compan	y were filed on	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited lia	bility company here:	
NA			
The new name must be distinguishable and contain the	words "Limited Liab	oility Company." the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		<u> </u>
(Principal office address MUST BE A STRE	ET ADDRESS)		
			2 F
			1 2 O
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	(BOX)		<u> </u>

B. If amending the registered agent and	l/or registered o	office address on our	records, enter the name of the nev
registered agent and/or the new registered of	office address he	<u>re</u> :	
Name of New Registered Agent:	NA		
New Registered Office Address:	NA		11
New Registered Office Address.		Enter Florida stre	vt address
			Florida _
		City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent	<u>:</u>	
I hereby accept the appointment as registery provisions of all statutes relative to the propaccept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	per and complete istered agent as registered office	performance of my diprovided for in Chapte	aties, and I am familiar with and er 605, F.S. Or, if this document is
	If Cha	nging Registered Agent, <u>Si</u>	mature 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
AMBR	SAMUEL MARTINEZ MOREJOW	4409 W FERN ST TAMPA FL 38614	■ Add
			Bemove
			Change
			
			☐ Remove
			☐ Change
			🗖 Add
	HATTVI Part	Remove	
		ASSEE, FLORIDA	Remove 18 JE 25 DN 2026 Remove
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			☐ Remove
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Effec	tive date, if other than the date of filing: (optional)
lf an e	effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (
N	: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a ment's effective date on the Department of State's records.
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