L18000245626

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(Address)				
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COVER LETTER

	legistration Se Division of Cor					
CHUTECT		Handly's SparX Cleaning Service, LLC				
SUBJECT	· ·	Name of Lim	ited Liability Company			
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please retu	irn all correspo	ndence concerning this matter	to the following:			
		Handly Louis				
	Name of Person					
	Handly's SparX Cleaning Service, LLC					
	Firm/Company					
	1618 W Holden Ave. apt #151					
	Address					
	Orlando, FL 32839					
	City/State and Zip Code					
	handlysparxcleaning@gmail.com					
		E-mail address: (to be used for future annual report notif	ication)		
For further	r information c	oncerning this matter, please ca	all:			
Handly Lo	ouis		407 668-8230 at ()			
	Name o	f Person		Telephone Number		
Enclosed i	s a check for th	ne 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

Handly's SparX Cleaning Service, LLC

2019 JAN 14 PM 4: 18

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) THE MRY OF STATE IALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on 10/18/2018 and assigned Florida document number L18000245626 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Handly SparX Cleaning, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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

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>	Address	Type of Action
AMBR	Alex Dixon	1618 W Holden Ave, Orlando FL 32839 apt 151	⊟ Add
			Remove
			Change
			Add
		<u> </u>	Remove
			□ Change
			□ Add
			Remove
			□ Change
			Remove
			Change
			
			Remove
			Change
			Remove
			☐ Change

_	
	10/22/2018
(If an e Note	tive date, if other than the date of filing: (optional) (fective 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 (3)(If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	<u> </u>
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Handly Louis

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00