(Re	questor's Name)	
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4/14/23 V.W.

2023 FEB 10 AM 9: 3!

MIGUEL FRISANCHO

941 445 7113

927 PORPOSE RD UENICE FL 39293

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

SUBJECT: TO		HANDYMAN SE	FRUICE LL C
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MIGUEZ	FRISANCHO Name of Person	<del> </del>
		Fimt/Company	
		T INTO COMPANY	
	92	7 PORPOILE K	2D
	VE	City/State and Zip Code  LISANCHO O YAH  to be used for future annual report notice	4293
	M16UZ. FR	LISANCHO Q YAH to be used for future annual report notic	fication)
For further information e	oncerning this matter, please en		
		at ()	e Telephone Number
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	S30.00 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 Addres		Street Address:	
Registration S  Division of C		Registration Sec Division of Cor	
P.O. Box 632	•	The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TO DO LIST HANDY	MAN.	SERVICES	LLC	
(Name of the Limited Liability Compa (A Florida Limited L	i <b>ny as it now apo</b> Liability Compan	ears on our records.) y)		
The Articles of Organization for <b>this</b> Limited Liability Company Florida document number <u>L1900054503</u> .			<u>019</u> and assi	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	ility company	<u>here</u> :		
FRISANCHO'S PRO PAIN The new name must be distinguishable and contain the words "Limited Liabil	TIM <b>6</b> L lity Company," th	・と、C ne designation "LLC" or the	he abbreviation "L.L	C.``
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)			2023 S.E.	
		<del>.</del>	200 FE	<u>-U</u>
			10 N	
Enter new mailing address, if applicable:		<del> </del>		<del>                                      </del>
(Muiling address MAY BE A POST OFFICE BOX)			<u>πω φ</u> ⊒≅ ω	<u> </u>
			ा ज	
B. If amending the registered agent and/or registered office a	address on ou	r records, enter the i	name of the new	registered
agent and/or the new registered office address here:				
Name of New Registered Agent:				<del></del>
N. B. C. LOSS ALL				
New Registered Office Address:	Enter l	Florida street address	•	<del></del>
		, Florida	1Zip Code	
	City		Zip Code	
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agre	ee to act in th	is capacity. I further	ragree to compl	v with the

If Changing Registered Agent, Signature of New Registered Agent

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 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
	<del></del>	<del></del> .	
			□Remove
			□Change
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			Change
<del></del>			□Add
			□Remove

-Change

## Page 2 of 3

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an el Note:	tive date, if other than the date of filing:
	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	
	Signature of a member or authorized representative of a member
	MIGUEL FRISANCIA
	Typed or printed name of signee