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COVER LETTER

Div	ision of Corp	oorations		
SUBJECT:	JROSARIO	HANDYMAN LLC		
OODSEO1.	· · · · · ·	Name of Lim	ited Liability Company	
-				
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	ail correspor	ndence concerning this matter	to the following:	
		Johansy Rosario		
			Name of Person	
		JROSARIO HANDYMAN	LLC	
			Firm/Company	
		3543 Tobago In,201		
			Address	
		Tangxi FL		
			City/State and Zip Code	
		Johansy-r1217@hotmail.com		
		E-mail address: (1	o be used for future annual report notific	cation)
For f urther in	formation co	ncerning this matter, please ca	al1:	
Johansy Ros	ario		646 2693568 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filling 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

TO:

Registration Section

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

JROSARIO HANDYMAN I.LC		
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our da Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability	Company were filed on 25/03/2019	and assigned
Florida document number L19000081397	<u></u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
JROSARIO REMODELING LLC		
The new name must be distinguishable and contain the words "Lit	mited 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 ADD	RESS)	
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	· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:		AR TI
(Mailing address MAY BE A POST OFFICE BOX)		9.1 2 m
		
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B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our re dresshere:	cords, enter the perme of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
		_, Florida
	City	Zip Code

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
MGR	Johansy Rosario	3543 tobago In., 201 tampa el 33614	
			Remove
	Jeury Reserio	25.42 talanga la 201 auran	Change
MGR		3543 tobago In.201 tampa FL 33614	
			Remove
		-	Change
			Add
			□ Remove
			Change
			
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n effe o <u>te:</u> I	e date, if other than the date of filing:	07 (3)(b) as the
reco	rd specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier 0 0th day after the record is filed.	of:
ted (9/01/2019	
u _	Tolus Rom	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00