L1900009783

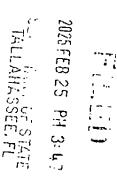
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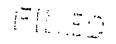
Division of Cor		•	
On The Frit	z Handyman Services, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing	
	ndence concerning this matter		
ricase return an correspo	_	_	
	Frederic Diesel Fred	dric Distel	
		Name of Person	
	Viera Interior Pros		
		Firm/Company	
	1221 Three Meadows Driv	e	
		Address	
	Rockledge, FL 32955		
	ЭD	City/State and Zip Code	
	onthefritz@gmail.com (on the fritzhs (gmail.com
For further information c	oncerning this matter, please ca		incarion,
A -	-		
Frederick Distel	earle Dister	321 258-9376 Area Code Daytim	a Talashara Mumbar
Name o	retson	Mea Code Dayoni	e reconose runice
Enclosed is a check for th	ie following amount:		
☐ \$25.00 Filing Fee	■ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee.
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	<u>s:</u>	Street Address:	
Registration S	Section	Registration Sec	
Division of C P.O. Box 632		Division of Cor The Centre of T	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



On The Fritz Handyman Services, LLC

2025 FEB 25 PH 3: 47

	iability Company as it now appears on our re	ट्रिक्ट)
(AF	ability Company as it now appears on our re lorida Limited Liability Company)	TALLAHASSEE. FL
The Articles of Organization for this Limited Liabili	ity Company were filed on April 4, 2019	and assigned
Florida document number L1900009783		
This amendment is submitted to amend the followin		
rnis amendment is submitted to amend the followin		
A. If amending name, enter the new name of the	limited liability company here:	
Viera Interior Pros, LLC		
The new name must be distinguishable and contain the words	"Limited 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 A	DDRESS)	
	-	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	•	
		· · · · · · · · · · · · · · · · · · ·
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0 0 0	· —	iter the name of the new regi
0 0 0	· —	iter the name of the new regi
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Name of New Registered Agent:	<u>re</u> :	-
agent and/or the new registered office address he	<u>re</u> :	
Name of New Registered Agent:	Enter Florida street aa	ldress
	<u>re</u> :	ldress

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 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
			□ Add
			□Remove
			□Change
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an effectiv lote: If th	date, if other than the dive date is listed, the date must like date inserted in this blocks effective date on the Dep	se specific and cannot be prion to does not meet the appli	cable statutory filing re	equirements, this date w	Pursuant to 605.0207 (vill not be listed as t
record sp I is filed.	necifies a delayed effective	date, but not an effective	time, at 12:01 a.m. on	the earlier of: (b) The	90th day after the
Feb	oruary 17	2025			
	Fredric !	c Distel	norized representative of	a member	
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