

**L190002450803ABC**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H19000245080 3)))



H190002450803ABC\$

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : ASAP ACCOUNTING SERVICES INC  
Account Number : 120180000009  
Phone : (239)352-4099  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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19 AUG 16 PM 3:27

SECRETARY OF STATE  
TALLAHASSEE, FL

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
JUAN'S TILE LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 1       |
| Certified Copy        | 0       |
| Page Count            | 01      |
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Corporate Filing Menu

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K. SALY

AUG 19 2019

850-617-6381

7/24/2019 9:13:58 AM PAGE 1/001 Fax Server



July 24, 2019

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

JUAN'S TILE LLC  
11891 RED HIBISCUS DR  
APT 102  
BONITA SPRINGS, FL 34135

SUBJECT: JUAN'S TILE LLC  
REF: L19000106154

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Agnes Lunt  
Regulatory Specialist III

FAX Aud. #: H19000220035  
Letter Number: 919A00015020

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: JUAN'S TILE LLC**

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAIME JUAN JUAN

\_\_\_\_\_  
Name of Person

JUAN'S TILE LLC

\_\_\_\_\_  
Firm/Company

11891 RED HIBISCUS DR - APT 102

\_\_\_\_\_  
Address

BONITA SPRING, FL 34135

\_\_\_\_\_  
City/State and Zip Code

asapaccounting@me.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jaime Juan Juan

239

601-7188

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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

JUAN'S TILE LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
19 AUG 16 AM 12:25  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 04/18/2019 and assigned  
Florida document number L19000106154.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

JUAN'S HANDYMAN SOLUTIONS 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:

11891 RED HIBISCUS DR - APT 102

(Principal office address **MUST BE A STREET ADDRESS**)

BONITA SPRING, FL 34135

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

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>           | <u>Address</u>   | <u>Type of Action</u>                   |
|--------------|-----------------------|--|---|
| MGR          | TELMA ADRIANA LORENZO | 11891 RED HIBISCUS DR - 102<br>BONITA SPRING, FL 34135 | <input checked="" type="checkbox"/> Add |
|              |                       |  | <input type="checkbox"/> Remove         |
|              |                       |  | <input type="checkbox"/> Change         |
|              |                       |  | <input type="checkbox"/> Add            |
|              |                       |  | <input type="checkbox"/> Remove         |
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|              |                       |  | <input type="checkbox"/> Remove         |
|              |                       |  | <input type="checkbox"/> Change         |

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16 AUG 26 AM 12:25  
FBI - MIAMI

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

7/22/2019

**F. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an 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 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated JULY 22

2019

Signature of a member or authorized representative of a member

Jaime Juan Juan  
Typed or printed name of signer

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TAMPA, FLORIDA

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

7/22/2019

**F. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an 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 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated JULY 22 2019

-Terima Adriana

Signature of a member or authorized representative of a member

Tema Adriana Lorenzo

Typed or printed name of signee

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