L19000153189

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COVER LETTER

SUBJEC	PROFESSI	ONAL HANDYMEN LLC		
SUBJEC	· I :	Name of Lin	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	tum all correspo	ondence concerning this matter	to the following:	
		Stamly A Acosta Chirinos		
			Name of Person	
		Name of Limited Liability Company d Articles of Amendment and fee(s) are submitted for filing. n all correspondence concerning this matter to the following: Stamly A Acosta Chirinos		
		3254 RONDAL PARK BI	VD APT 14122	
			Address	 _
		ORLANDO, FL 32832		
		Stamlyel7@gmail.com	City/State and Zip Code	
For furth	er information c		·	otification)
	Acosta Chirino		786 6223874	
	Name o	f Person		me Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	Division of C P.O. Box 632	Section orporations 7	Registration S Division of Co The Centre of	orporations Tallahassee
	Tallahassee, I	L 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mars: 127 PH 1:07 PROFESSIONAL HANDYMEN LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 06/10/2019 _____ and assigned Florida document number L19000153189 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

Enter Florida street address

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 27 PH 1:07	Type of Action
MGR	Stamly A Acosta Chirinos	3254 RONDAL PARK BLVD APT 14122	= Add
		ORLANDO, FL 32832	Remove
			□Change
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fective date, if other than the date of filing:	e applicable statutory	(opti or more than 90 days afte filing requirements, thi	onal) r filing.) Pursuant to 605.020 is date will not be listed a:
ecord specifies a delayed effective date, but not an efficient.	ective time, at 12:01 a	a.m. on the earlier of: (b	o) The 90th day after the
ted September 1 202		2	