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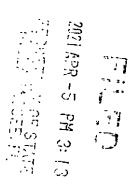
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## COVER LETTER

TO:

TO: Reg Div	istration Se ision of Cor	ction porations			
SUBJECT:		CLEANING & HANDYMA	N LLC		
SUBJECT:	Name of Limited Liability Company				
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		LILIANA RAMIREZ HEF	RNANDEZ		
			Name of Person	<del></del>	
		LILY'S CLEANING & HA	ANDYMAN LLC	2021	
		*****	Firm/Company		
		2171 55TH TERR #B		2021 FPR - 5	
			Address	(i) T	
		NAPLES, FL 34116		PR OF TAKE	
			City/State and Zip Code	<u></u> : ∰ ⊃	
		E-mail address: (	to be used for future annual report not	itication)	
For further in	iformation co	oncerning this matter, please ca	all:		
LILIANA R.	AMIREZ HI	ERNANDEZ	239 2876898 at ( )		
	Name of	f Person	Area Code Daytir	ne Telephone Number	
Enclosed is a	check for th	ne following amount:			
<b>■</b> \$25.00 F	iling 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 tadditional copy is enclosed)	
Mailing Address: Registration Section		Street Address: Registration So	ection		
Division of Corporations		Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LILIANA'S CLEANING & HANDY		
( <u>Name of the Limited</u> (/	Liability Company as it now appears on our Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited Lia		and assigned
Florida document number L19000172953	·	
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of t	he limited liability company here:	
LILY'S CLEANING & HANDYMAN LLC		
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation	n "LLC" or the abbreviation "L,L.C."
Enter new principal offices address, if applical	ole:	2.63
(Principal office address MUST BE A STREET	ADDRESS)	
		1, 10
Enter new mailing address, if applicable:	N/A	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
Mailing address MAY BE A POST OFFICE B	<u></u>	
B. If amending the registered agent and/or repagent and/or the new registered office address		enter the name of the new regist
Name of New Registered Agent:	N/A	
New Registered Office Address:		
	Enter Florida streed	address
		, Florida Zip Code
	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 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
N/A	N/A	N/A	□Add
			☐ Change
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teed 63/21			e statutory filir	ig requirements	s, this date w	ill not be lis
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LILIANA RAMIREZ HERNANDEZ						
	Ty	ped or printed r	rame of signee			

Filing Fee: \$25.00