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TO:	Registration Se Division of Cor			ĺ
SUBJE	Handy Ace	Multiservices,LLC		
SUBJE	.C.1	Name of Lin	nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Veruska M Acevedo		
			Name of Person	•
				;
			Firm/Company	ĺ
		14205 Finsbury Dr		
			Address	<u>-</u>
		Spring Hill, FL 3460+		
			City/State and Zip Code	
		acevedohector@live.com		
		E-mail address: (to be used for future annual report notif	fication)
For fur	ther information c	oncerning this matter, please c	all:	
Verusk	a M Acevedo		813 440-8855	:
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclose	ed is a check for th	ne following amount:		
⊠ \$25	5.00 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)
	MAILI	ING ADDRESS:	STRFFT/COURT	FR ADDRESS

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

20日 AUG 19 PM 2:54

Handy Ace Multiservices, LLC		282027 711	.,
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on a Limited Liability Company)	our records.)	TUT CHAN EENFLORIAN
		l	
The Articles of Organization for this Limited Liability C	Company were filed on $\frac{07/16/2}{2}$.019a	ind assigned
Florida document number L19000182444	<u> </u>		
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the lim</u>	ited liability company here:		
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the design	ation "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDI	RESS)		
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		!	
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	tered office address on our ress here:	r records, <u>enter the i</u>	name of the ne
Name of New Registered Agent:		!	
New Registered Office Address:			
New Registered Office Address.	Enter Florida st	reet address	
		, Florida	
	City		Code
New Registered Agent's Signature, if changing Registered	d Agent:		
hereby accept the appointment as registered agent or provisions of all statutes relative to the proper and concept the obligations of my position as registered ageing filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of my a yent as provided for in Chap	luties, and I am famili ter 605, F.S. Or, if this	ar with and s document is
	If Changing Registered Agent, §	Signature of Yau Basister	d Agent
	n Cuanging Acgistered Agent, 2	New Registere	u 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 Title <u>Name</u> <u>Address</u> Type of Action Acevedo M Veruska 14205 Finsbury Dr Pres □ Add Spring Hill, FL 34609 Remove ☐ Change Veruska M Acevedo 14205 Finsbury Dr Pres **■** Add Spring Hill, FL 34609 ☐ Remove □ Change □ Add □ Remove ☐ Change _□ Add ☐ Remove ☐ Change □ Add

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Effective date, if other than the		te of filing or more than 90 day statutory filing requiremen	(optional) vs after filing.) Pursuant to 605.020 ts, this date will not be listed a
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