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COVER LETTER

	Registration Se Division of Cor			
SUBJEC		ANDYMAN SERVICES LLC	•	
SUBJEC	-1; <u> </u>	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	indence concerning this matter	to the following:	
		LUIS E OJEDA		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		OJEDA HANDYMAN SE	ERVICES LLC	
			Firm/Company	
		8445 N LOIS AVE		
		- .	Address	
		TAMPA FL 33614		
			City/State and Zip Code	·
		LUISOJEDA08@YAHOO		
		E-mail address: (to be used for future annual report not	ification)
For furth	er information c	oncerning this matter, please c	all:	
LUIS E	OJEDA		813 5329604 at ()	
	Name o	f Person		ne Telephone Number
Enclosed	l is a check for th	ne 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 Addres Registration S		Street Address: Registration Se	ection
Division of Corporations		Division of Corporations		
	P.O. Box 632		The Centre of	
	Tallahassee, I	7L 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OJEDA HANDYMAN SERVICES LLC

now appears on our records.)

(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 11/27/2019 _____ and assigned Florida document number ______L19000293791 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: HIT HOME IMPROVEMENT TEAM 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 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 Office Address: Enter Florida street address _, Florida ___ City

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 a pending 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>	Name	Address	Type of Action
			□Remove
			□Change
			□ Add
			□Remove
			Change
		 	
		.	
			☐ Change
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			□Remove
			∏ Change

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	90th day after the
ated, 2020	
July 1	
Signature of a member or authorized representative of a member	