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er in trees		IANDYMAN SERVICES OF	SWFL LLC	•			
SUBJECT	· :	Name of Limited Liability Company					
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please retu	irn all correspo	ndence concerning this matter	to the following:				
		ADAYS R CRUZ SUARE	Z				
			Name of Person				
		DELUXE HANDYMAN	SERVICES OF SWFL				
		· · · · · · · · · · · · · · · · · · ·	Firm/Company				
		2323 55TH ST SW					
			Address				
		NAPLES, FL 34116					
			City/State and Zip Code				
		ADAYSCRUZ@GMAIL.C	OM to be used for future annual report no	tification)			
For further	r information c	oncerning this matter, please c					
ADAYS C	CRUZ		786 468-1582				
	Name o	f Person		me Telephone Number			
Enclosed i	s 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)			
	<u>lailing Addres</u> Legistration S		<u>Street Address:</u> Registration S	ection			
	Division of C		Division of Co				

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DELUXE HANDYMAN SERVICES OF SWFL 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 12/10/2019	and assigned
Florida document number L19000300322	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
ACS 5 STAR 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 tagent and/or the new registered office address here:	the name of the new register
Name of New Registered Agent:	ලා ලා
New Registered Office Address:	
Enter Florida street address	<u> </u>
· · · · · · · · · · · · · · · · · · ·	rida <u>ٺ</u>
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 cymply 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
			□ Add
			🗆 Remove
			□ Change
			□ Add
			□Remove
			□Change
			□ Add
		-	□Remove
			Change
			🗖 Add
			□Remove
			Change
			□ Add
			□Remove
			🗆 Change
			□Add
			□Remove
			□ Change

All the information is staying	the same except the name of the LLC. The	he new name is ACS 5 Star LLC.
	<u> </u>	
		
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ective date, if other than the	date of filing:	(optional)
effective date is listed, the date mus	t be specific and cannot be prior to date of filing	g or more than 90 days after filing.) Pursuant to 605.0207
e: If the date inserted in this blo ument's effective date on the De		filing requirements, this date will not be listed as
ument's effective date on the De	partificition state's records.	
	date, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th day after the
s filed.		
February 3rd	2021	
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- torer	Quature of a thember or authorized represen	ntative of a member

Typed or printed name of signee