## L Z0000005024

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(Document Number)
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2023 JUN 20 AM II: 27

## **COVER LETTER**

то:			•	
	Bele Handy	oman Services L.L.C.		
SUBJ	ECT:	Name of Lin	ited Liability Company	<del></del>
	Division of Corporations			
Please	return all correspo	indence concerning this matter	to the following:	
		Filing Hunter T		
		***	Name of Person	
		ZenBusiness INC		
			Firm/Company	
		336 E. College Ave Suite	301	
			Address	
		Tallahassee, FL 32301		
			יחי	
For fu	rther information c		•	ication)
Huni	ter T c/o ZenBusin	ess INC		
	Name o	f Person	Area Code Daytime	: Telephone Number
Enclos	sed is a check for th	ne following amount:		
<b>■</b> \$3	25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bele Handyman Services L.L.C.		
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number L2000005024	ility Company were filed on 01-03-2020	and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	ne limited liability company here;	
Bele Trends L.L.C.		
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	<u> </u>	
		20:
<ol> <li>If amending the registered agent and/or registered.</li> </ol>	istered office address on our records, enter the na	me of the new regist
agent and/or the new registered office address b	<u>iere</u> :	<b>도 됐</b>
		20 20
Name of New Registered Agent:		77 % 77 %
N. D. 1. 1007 A.H.		
New Registered Office Address:	Emer Florida street address	~ ~
		7
	, Florida, Florida	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 Changing Registered Agent, Signature of New Registered 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>	Address	Type of Action
MGR	Luiz Fernandes da Silva Junior	1272 Meadows Blvd	<b>≅</b> Add
		Weston, FL 33327	□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
		-	□Change
<del></del>			□Add
			□Remove
			Change
			□Add
			□Remove
		<del>-</del>	□Change
		<u></u>	
			□Remove
			□Change

it amending any other inform	ation, enter change(s) here: (Attach additional sho	eets, if necessary.)
··		<del></del>
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		2023
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		7
Effective date, if other than the fan effective date is listed, the date many effective date inserted in this bedocument's effective date on the I	ist be specific and cannot be prior to date of filing or more than lock does not meet the applicable statutory filing requir	(optional) 90 days after filing.) Pursuant to 605,0207 ements, this date will not be listed as
record specifies a delayed effecti d is filed.	we date, but not an effective time, at 12:01 a.m. on the eart	arlier of: (b) The 90th day after the
June 7th  Oated	. 2023	
	/s/ Nicole Souza Signature of a member or authorized representative of a mer	nher
	organizate of a member of authorized representative of a fact	inici
	Nicole Souza Typed or printed name of signee	

Filing Fee: \$25.00