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07/10/24--01032--016 **25.00



COVER LETTER

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TO: Registration S Division of Co						
	IAN YUMAELNERGY LLC					
SUBJECT:	Name of Lin	nited Liability Company	 			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspondence	ondence concerning this matter	to the following:				
	NOE MALCA					
		Name of Person				
	MALCA TAX SERVICE	S INC	Name of Person NC Firm/Company Address City/State and Zip Code 1 be used for future annual report notification)			
		Firm/Company				
	5245 RAMSEY WAY ST	E 7				
		Address				
	FORT MYERS FL 33907					
		City/State and Zip Code				
	OFFICE@MALCATAX.C					
			rification)			
For further information of	concerning this matter, please c	all:				
NOE MALCA		m1 / 1				
Name (of Person	Area Code Daytir	ne Telephone Number			
Enclosed is a check for t	he following amount:					
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy			
<u>Mailing Addres</u> Registration			ection			
Division of C	Corporations	Division of Co	rporations			
P.O. Box 632						
Tallahassee.	FL 32314	2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HANDYMAN YUMAELNERGY LLC		
(Name of the Limited Liability Con (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	ny were filed on 01/14/2020	and assigned
Florida document number L20000020789		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
he new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		~ 1
Principal office address MUST BE A STREET ADDRESS)		
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		,
Mailing address MAY BE A POST OFFICE BOX)		€;
The state of the s		() ()
3. If amending the registered agent and/or registered office and/or the new registered office address here:	ce address on our records, <u>enter th</u>	e name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida strevt address	_
	, Florio	
	City . Flori	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>	Name	Address	Type of Action
VP	YULI HERRERA RODRIGUEZ	3706 7TH ST SW	■Add
		LEHIGH ACRES FL 33976	□Remove
			☐ Change
			□ Add
			□ Remove
<u> </u>			□Add
			□Remove
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			□Remove
		-	□Change
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			ElChanno

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Filing Fee: \$25.00