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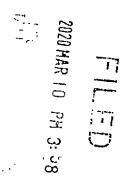
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COVER LETTER

TO:

Registration Section

Division of	of Corp	orations		
C471 SUBJECT:	HAND	Y CLEANING SERVICES I.	LC .	r ,=
	_	Name of Lin	nited Liability Company	
The enclosed Artic	les of A	amendment and fee(s) are sub	omitted for filing.	
Please return all co	orrespon	dence concerning this matter	to the following:	
		MARCUS PAULO FONT	ES CALHEIRA	
			Name of Person	
		C47 HANDY CLEANING	SERVICES LLC	
			Firm/Company	
		102820BOCA ENTRADA	BLVD, APT 209	
			Address	
		BOCA RATON - FLORIE	DA 33428	
			City/State and Zip Code	
		PRIMEINCOMETAX1@G	MAIL.COM	
		E-mail address: (to be used for future annual report	notification)
For further informa	ation co	ncerning this matter, please c	all:	
MARCUS PAULO) FONT	ES CALHEIRA	561 929-090	I
<u> </u>	lame of	Person	Area Code Day	ytime Telephone Number
Enclosed is a check	c for the	following amount:		
■ \$25.00 Filing I	ice	S30.00 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>Mailing A</u> Registra			Street Address Registration	
Division	of Co	rporations	Division of C	Corporations
P.O. Box Tallahas				of Tallahassee nroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C47 HANDY CLEANING SERVICES LLC	
(Name of the Limited Liability Company as it now appe (A Florida Limited Liability Company	rars on our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{C}{2}$ Florida document number $\frac{L20000038597}{L20000038597}$.	01/31/2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	<u>here</u> :
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)	2120 I AR
	201
	A TI
B. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here:	· · · · · · · · · · · · · · · · · · ·
	PH
Name of New Registered Agent:	
New Registered Office Address:	
······································	orida street address

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.

City

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
MGR	MASCUS PAULO F. CALHEIRA	10282 BOCA ENTRADA BLVD, APT 209	□Add
		BOCA RATON - FL 33428	□Remove
			Change
			□Add
			□Remove
			□Change
**			□Add
			Remove
			□Change
			□Add
			□Remove
			🗆 Change
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			□Remove
			□ Change
			□Add
			□Remove
			□ Change

BY MISTAKE I WROTE "N	ASCUS" AND THE CORRE	CTED NAME IS MARCUS, WITH "R"	

			·
			
			
			
<u> </u>			
	st be specific and cannot be prior to ock does not meet the applicab	(optional) date of filing or more than 90 days after filing.) Pursua le statutory filing requirements, this date will no	
ecord specifies a delayed effectives is filed.	e date, but not an effective time	e, at 12:01 a.m. on the earlier of: (b) The 90th	day after the
MARCH, 06	2020		
-	Edhrisa		

Typed or printed name of signee