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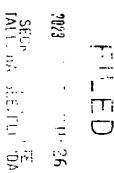
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(Requestor's Name) (Address) (City/State/Zip/Phone #) PICK-UP WAIT (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	MAIL	
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Office Use Only



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COVER LETTER

TO:

Registration Section

Divis	sion of Cor	porations						
	Gilbert 82 1	The Handyman LLC						
SUBJECT: _		Name of Lin	nited Liability Company					
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.					
		ondence concerning this matter	_					
		Valerie Losito						
			Name of Person		_			
		Barbara & Vaterie's Bookl	ceeping & Taxes					
			Firm/Company		_			
		11547 US Hwy 441			7973 SELL			
			Address		- 1			
		Belleview, FL 34420			, 567-10			
		bvbookkeeping@embarqma	City/State and Zip Code		•			
			to be used for future annual report not	ification)				
For further inf	formation c	oncerning this matter, please c	all:					
Valerie Lositi	0		352 245-8018					
***************************************	Name o	f Person	Area Code Daytin	ne Telephone Numbe	er			
Enclosed is a	check for th	ne following amount:						
≡ \$25.00 Fi	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific	ate of Status &			
Regi	ing Addres	Section	Street Address: Registration Se					
	ision of C Box 632	orporations 7	Division of Corporations The Centre of Tallahassee					
	ahassee, I		2415 N. Monroe Street, Suite 810					

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp.	any as it now appears on our record	ds.)
(Name of the Limited Liability Comp. (A Florida Limited	Liability Company)	***************************************
The Articles of Organization for this Limited Liability Company Torida document number	y were filed on	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC	?" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		7 9 00
Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		9
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, enter	the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	5.5
		lorida
	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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Gilberto Perez Montalvo	2772 SE 173rd ST	≣Add
		Summerfield, FL 34491	□Remove
			□Add
			🖸 Remove
			Add All Removery
			□ Change □ □ Add □ □ Add □ □ Remove
			□ Change
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cord sp	ecifies a delayed	effective date, b	ut not an e	ffective ti	me, at 12:0	l a.m. on t	he earlier	of: (b)	The 90th	i day at	fter the
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