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AUG 1 1 2020 S. YOUNG

## **COVER LETTER**

Division of Corporations		
Name of Limited Liability Company		
The enclosed Articles of Amendment and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Ma 352 Handwagen + Oltonic Structs		
Me. 352 Handyman + Cleaning Services		
57 BAHLIA TZACE COURSE Address		
O CA-LA, FL 34472  City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Name of Person at (352) 209 - 3340  Area Code Daytime Telephone Number		
Enclosed is a check for the following amount:		
Certificate of Status  Certified Copy (additional copy is enclosed)  S50.00 Filing Fee & Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)		
Mailing Address:  Street Address:  Pagistration Section		

Registration Section

TO:

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

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

MP. 352 HAND	lyman + Cleaning SERVILL	<b>3</b> 5
(Name of the Limit	ed Liability Company as it now appears on our records (A Florida Limited Liability Company)	282
The Articles of Organization for this Limited Li	ability Company were filed on $\frac{5/27/20}{}$	202 and assigned,
Florida document number <u>L 20000/43</u> 5	04	26
This amendment is submitted to amend the follo	owing:	A 6.
A. If amending name, enter the new name of	the limited liability company here:	₹ <u>∓</u>
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation "LLC"	or the abbreviation "LLC"
		of the abbreviation 12.12.C.
Enter new principal offices address, if application	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE I	<u></u>	
<del>-</del>		
B. If amending the registered agent and/or reagent and/or the new registered office addres	egistered office address on our records, <u>enter t</u> s here:	he name of the new registered
	·	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida
	City	Zin 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>	<u>Name</u>	<u>Address</u>	Type of Action
Mge	CHRISTIAN DREJUELA	57 BAHIA TRACE COURSE	□Add
		OCA-LA, FL 34472	DRemove
		<del></del>	□Change
Mgc	SEZGIO OREJUELA	57 BAHIA TRACE COURSE	□Add
		Ocala, Fl 34472	BRemove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			DAdd
			□Remove
			□Change
			□Add
			□Remove
			□ Change

	ng any other information. enter change(s) here: (Attach additional sheets, if necessary.)
_	
	•
an effec <u>'ote:</u> If	date, if other than the date of filing:
record I is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated _	Signature of a member or authorized representative of a member
	$\rightarrow$
	Signature of a member or authorized representative of a member
	·