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(Re	questor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	-
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COVER LETTER

LC

O: Registration Section Division of Corporations				
SUBJECT: Jose	Enrique G	Parcia Handyr	man Strvices L	
The enclosed Articles of .	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	_	Rocha Name of Person		
	Kocha	Accounting 6	<u>// c</u>	
	7861 West	8 Ave Address		
	Hala	City/State and Zip Code	4	
	Grsyoc 6. E-mail address: (3 @ gmail - Co to be used of future annual report noti	fication)	
For further information co	oncerning this matter, please of	all:		
GusTavo Name of	Person	at (184) 417 - Area Code Daytim	e Telephone Number	
Enclosed is a check for th	e following amount:			
№ 1 \$25,00 Filing Fee	☐ \$30.00 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)	
Mailing Address Registration S		Street Address: Registration Se	ction	
Division of Co		Division of Cor		
P.O. Box 6327		The Centre of Tallahassee		
Tallahassee, F	TL 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jose Enrique Garcia Handyman Denices LCC

(<u>Name of The Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 20000 18595</u>	were filed on 07/01/202	o and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil		
Enter new principal offices address, if applicable:	13340 SW 8+ Davie, FL 33	h 5/
(Principal office address MUST BE A STREET ADDRESS)	Davie, FL 33	325
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the nam	e of the new registered
Name of New Registered Agent:		
Name Descriptional Coffices Addresses		n 3 1 st
New Registered Office Address:	Enter Florida street address	<u> </u>
	, Florida	:-
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my diales, and I am f	amiliar with and

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.

f 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>l'itle</u>	<u>Name</u>	Address	Type of Action
MBR	Enrique C. Garci	que C. Garcia 1551 SW 38 TH AVE APT 4 DANS FORT Laudurdale FL 33312 - Remove	
		Fort Laudurdale FL 333	12 □Remove
			🗆 Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
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			□Remove
			□Change

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<u>::</u> If th	date, if other than the date of filing:	7 (3) s the
mem:	effective date of the Department of State & Jecords.	
ord spo filed.	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the	:
d	JULY 29 . 2021. Vou Entry Luit Signature of a member or authorized representative of a member	
	Vol Enina Divin	