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(Rec	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration S Division of Co		
QUALITY	Y HANDYMAN SERVICE FL	LLC
SUBJECT:	Name of Lim	ited Liability Company
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.
Please return all corresp	nondence concerning this matter	to the following:
	ELIAS ARGUETA	
		Name of Person
	QUALITY HANDYMAN	SERVICE FL LLC
		Firm/Company
	610 23RD AVENUE WES	ST.
		Address
	BRADENTON, FLORIDA	A 34205
		City/State and Zip Code
	Q.HANDYMANSERVICE	@GMAIL.COM to be used for future annual report notification)
For further information	concerning this matter, please c	·
ELIAS ARGUETA	-	941 896-1364
Name	of Person	Area Code Daytime Telephone Number
Enclosed is a check for	the following amount:	
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy tadditional copy is enclosed) ☐ Certified Copy tadditional copy is enclosed
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327	Street Address: 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

QUALITY HANDYMAN SERVICE FLULC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 08/17/2020 _____ and assigned Florida document number 1.20000250939 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: QUALITY RENOVATIONS OF FLULC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" 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) S B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida 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>	Name	Address	Type of Action
			□Remove
			Change
			□Add
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