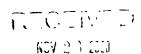
## L20 000 287230

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	<u> </u>
(City/s	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Nai	me)
(Docu	ment Number)	)
Certified Copies	Certificate	s of Status
Special Instructions to Fil	ing Officer:	
Wagaform		

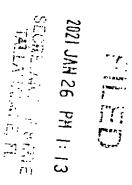
Office Use Only



500355440845



11/24/20--01009--018 \*\*43.75



O SIMMONS JAN 26 2021



2021.

## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 11, 2021

MARIO ESCALANTE-TORRES 2781 2ND AVE N LOT 135A LAKE WORTH, FL 33461

SUBJECT: M.V. MASONRY, LLC Ref. Number: L20000287230

We have received your document for M.V. MASONRY, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 621A00000600

Octavia L Simmons Regulatory Specialist II Supervisor

www.sunbiz.org

## **COVER LETTER**

M V MAS	SONRY, LLC		
SUBJECT: Name of Limited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	MARIO ESCALANTE-TO	DRRES	
		Name of Person	<del></del>
	M.V.MASONRY, LLC		
		Firm/Company	<del></del>
	2781 2ND AVE N LOT 13	35A	
		Address	
	LAKE WORTH, FL 3346	1	
		City/State and Zip Code	<del></del>
	E-mail address: (	to be used for future annual report notif	ication)
For further information	concerning this matter, please ca	all:	
MARIO ESCALANTE	-TORRES	561 5749084	
Name	of Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for	the following amount:		
□ \$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 Addre	ess:	Street Address:	

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

TO:

Registration Section
Division of Corporations

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

M.V. MASONRY, LLC	2021 JAN 26 PM 1: 13
( <u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company SECRETAIN OF FIFTE
	PALL A LEGITA, FL
The Articles of Organization for this Limited Liab	oility Company were filed on and assigned and assigned
Florida document number L20000287230	
This amendment is submitted to amend the follow	ving:
A. If amending name, enter the new name of the	he limited liability company here:
M.V. HANDYMAN SERVICES, LLC	
he new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:
Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BO	<u></u>
3. If amending the registered agent and/or regigent and/or the new registered office address:	istered office address on our records, <u>enter the name of the new registered</u> here:
gen una or the new registered office address	<del></del> -
Name of New Registered Agent:	_ <del></del>
New Registered Office Address:	
The Managementa Office Madegs.	Enter Florida street address
	. Florida

New Registered Agent's Signature, if changing Registered Agent:

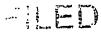
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided 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

Zip Code

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	2021 JAN 26 PM 1: 13	Type of Action
	<del></del> _		SECRIFICATION STATE	□Add
				□Remove
				Change
				🗆 Add
				□Remove
				□ Change
				□Add
		<del>-</del>		□ Remove
				□ Change
				□Add
				□Remove
				□ Change
				□ Add
			□Remove	
				□ Change
				□ Add
			<del>.</del>	□Remove
				□ Change

<del></del>	2021 JAN 26 PM 1: 13
	SECRITIVE OF CRATE
	<del></del>
	<del> </del>
ffective date, if other than the can effective date is listed, the date must	date of filing: (optional) be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (
ote: If the date inserted in this bloocument's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date will not be listed as t
record specifies a delayed effective is filed.	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	. 2021
Max	vio Escalante  Signature of a member or authorized representative of a member
MARIO ESCALANTE-T	
WARIO ESCALANTE-1	Typed or printed name of signee

E... E. 004.00