

L20000392896

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SMART HANDS L & D, LLC

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:

LISBELY ALVARADO - MARTINEZ

Name of Person

Firm/Company

3131 W OAK RIDGE RD APT 4-3

Address

ORLANDO - FLORIDA - 32809

City/State and Zip Code

maemdollc.3@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LISBELY ALVARADO

321 732.9784
at ()

Name of Person

Area Code

Daytime 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 Address:

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

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**

SMART HANDS L & D, LLC

(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 SMART HANDS L & D and assigned
Florida document number L20000392896.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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)

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

Florida

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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Article III

General services and repair, maintenance and installation of all kinds of furniture and other accessories and

other services such as cleaning in residences, hotels or shops; as also all lawful commerce activiti

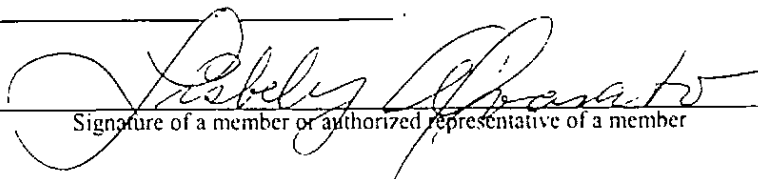
E. Effective date, if other than the date of filing: 01/26/2021 **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated Orlando, 26 January 2021



Signature of a member or authorized representative of a member

Lisbely Alvarado Martinez

Typed or printed name of signee

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L20000392896
FILED 8:00 AM
December 16, 2020
Sec. Of State
jafason

Article I

The name of the Limited Liability Company is:

SMART HANDS L & D, LLC

Article II

The street address of the principal office of the Limited Liability Company is:

3131 W OAK RIDGE RD
APT 4-3
ORLANDO, FL. 32809

The mailing address of the Limited Liability Company is:

3131 W OAK RIDGE RD
APT 4-3
ORLANDO, FL. 32809

Article III

Change

Other provisions, if any:

GENERAL SERVICES AND REPAIR, MAINTENANCE AND INSTALLATION
OF ALL KINDS OF FURNITURE AND OTHER ACCESSORIES AND OTHER
SERVICES SUCH AS CLEANING, DEMOLITION AND REMOVAL OF DEBRIS
IN RESIDENCES, HOTELS OR SHOPS; AS ALSO ALL LAWFUL COMMERCE
ACTS

Article IV

The name and Florida street address of the registered agent is:

MAEMDO LLC
6220 S ORANGE BLOSSOM TRAIL
SUITE 194
ORLANDO, FL. 32809

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: LISBELY ALVARADO