K21000084358

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	·
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Only	,S.C. 28/11/21
		28/11/20



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COVER LETTER

	Registration 5 Division of Co							
énta nac		REZ HANDYMAN LLC				•		
SUBJECT: Name of Limited Liability Company								
The encl	osed Articles o	f Amendment and fee(s) are su	bmitted for	r filing.				
Please re	turn all corresp	ondence concerning this matter	r to the fol	lowing:				
		ARNOLDO FELIX PERI	EZ.					
			Na	me of Person	1			
		FELIX PEREZ HANDYN	MAN LLC					
			Fir	m/Company	·			
		5154 HEMINGWAY CIR	CLE UNI	T 2903				
		-		Address	-			
	NAPLES. FL 34116							
			City/Sta	ite and Zip C	ode			
		fp957730@gmail.com		_				
		E-mail address:	(to be used	for future an	mual report not	ification)		
For furth	er information	concerning this matter, please of	call:					
ARNOL	DO FELIX PE	REZ	24	239	200-3440			
	Name	of Person	at	Area Code	Daytir	ne Telephone Number		CD
Enclosed	is a check for	the following amount:					· ·	- ; ;
■ \$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Ce	5.00 Filing ertified Cop ditional copy	ıy	S60.00 Filing Certificate of Certified Con (additional copy	l Statūs &	j
	Mailing Addre				et Address:	. •		
	Registration	Section Corporations	Registration Section Division of Corporations					
	P.O. Box 63	-			Centre of T			
	Tallahassec.					e Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION OF**

FELIX PEREZ HANDYMAN LLC

	ited Liability Company as it now appears on our r (A Florida Limited Liability Company)	<u>ecoras.</u>)	
The Articles of Organization for this Limited lorida document number L21000084358	Liability Company were filed on 02/19/2021	a	nd assigned
his amendment is submitted to amend the fo			
. If amending name, enter the new name	of the limited liability company here:		
he new name most be distinguishable and contain the	words "Limited Liability Company," the designation	"LLC" or the abbreviat	ion "L.L.C."
inter new principal offices address, if appli	icable:		
<u>Principal office address MUST BE A STRE</u>	ET ADDRESS)		
nter new mailing address, if applicable:			-
Mailing address MAY BE A POST OFFICE	registered office address on our records, <u>e</u>	nter the name of the	he new registe
failing address MAY BE A POST OFFICE If amending the registered agent and/or	registered office address on our records, <u>e</u>	nter the name of the same of t	•
Initing address MAY BE A POST OFFICE If amending the registered agent and/orent and/orent and/or the new registered office address.	registered office address on our records, <u>e</u> ess here:	nter the name of the	•
Aailing address MAY BE A POST OFFICE If amending the registered agent and/or gent and/or the new registered office address Name of New Registered Agent:	registered office address on our records, <u>e</u> <u>ess here</u> : ARNOLDO FELIX PEREZ 5154 HEMINGWAY CIRCLE UNIT 2903	\.\ y	
Mailing address MAY BE A POST OFFICE If amending the registered agent and/or gent and/or the new registered office address Name of New Registered Agent:	registered office address on our records, <u>e</u> <u>ess here</u> : ARNOLDO FELIX PEREZ 5154 HEMINGWAY CIRCLE UNIT 2903	\.\ y	

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>	Address	Type of Action
AMBR	ARNOLD FELIX PEREZ	5154 HEMINGWAY CIRCLE UNIT 2903	[]Add
		NAPLES, FL 34116	■ Remove
AMBR	ARNOLDO FELIX PEREZ	5154 HEMINGWAY CIRCLE UNIT 2903	= Add
		NAPLES, FL 34116	□ Remove
			□ Change
			□Add
			🗆 Remove
			Change
		<u>CD</u>	□Add
			Remove
			Change > 7
			∃ □Add ¹
			🗆 Remove
			UChange
			□ Add
			□ Remove
			□Change

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	<u>.</u>
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ffective date, if other than the date of filing:	(optional) > i
an effective date is fisied, the date must be specific and cambot be prior	cable statutory filing requirements, this date will not be listed a
record specifies a delayed effective date, but not an effective t lis filed.	time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated 7/10/2021	 .
	norized representative of a member

Filing Fee: \$25.00