L21000119701

| (Re | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

TO: Registration Section

| Division of Cor | porations | • | | | | |
|-------------------------------|---|--|--|--|--|--|
| | | | • | | | |
| SUBJECT: | Name of Lim | ited Liability Company | | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | | |
| Please return all correspo | ndence concerning this matter | to the following: | | | | |
| | HILARIO MENDOZA M | IRANDA | | | | |
| | - | Name of Person | | | | |
| | MIRANDA HANDYMAN | S SERVICES LLC | | | | |
| | | FirmvCompany | | | | |
| | 3926 SEMINOLE AVE | | | | | |
| | MANDYMAN SERVICES LLC Name of Limited Liability Company mendment and fee(s) are submitted for filing. ence concerning this matter to the following: HILARIO MENDOZA MIRANDA Name of Person MIRANDA HANDYMAN SERVICES LLC Firm/Company 3926 SEMINOLE AVE Address FORT MYERS, FL 33916-1042 City/Nate and Zip Code miranda.roofing2018@gmail.com E-mail address: fto be used for future annual report notification) cerning this matter, please call: RANDA 239 378-7993 at (| | | | | |
| | FORT MYERS, FL 33916 | -1042 | | | | |
| | | City/State and Zip Code | | | | |
| | | | | | | |
| | E-mail address: (| to be used for future annual report no | tification) | | | |
| For further information c | oncerning this matter, please co | all: | | | | |
| HILARIO MENDOZA MIRANDA | | • | | | | |
| Name of Person | | | ne Telephone Number | | | |
| Enclosed is a check for th | ne following amount: | | | | | |
| ■ \$25.00 Filing Fee | - | Certified Copy | Certificate of Status & Certified Copy | | | |
| Mailing Addres Registration S | Section | Registration Se | | | | |
| Division of C P.O. Box 632 | • | · | | | | |
| Tallahassee, I | | 2415 N. Monroe Street, Suite 810 | | | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIRANDA HANDYMAN SERVICES 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 C | Company were filed on 03/12/2021 | and assigned | | | |
|---|--|--|--|--|--|
| Florida document number <u>L21000119701</u> | <u>_</u> . | | | | |
| This amendment is submitted to amend the following: | | | | | |
| A. If amending name, enter the new name of the lim | ited liability company here: | 23 | | | |
| MIRANDA ROOFING LLC | | 2021 | | | |
| The new name must be distinguishable and contain the words "Lim | nited Liability Company," the designation "LI | .C" or the abbreviationElL.C." | | | |
| Enter new principal offices address, if applicable: | | 27 | | | |
| (Principal office address MUST BE A STREET ADDR | RESS) | P | | | |
| | | 72 | | | |
| | | 55 | | | |
| Enter new mailing address, if applicable: | | - , | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | | | |
| | | | | | |
| Name of New Registered Agent: New Registered Office Address: | | | | | |
| | Enter Florida street address | | | | |
| | , F | Florida Zip Code | | | |
| New Registered Agent's Signature, if changing Registere | | гар Сахае | | | |
| I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and caccept the obligations of my position as registered a being filed to merely reflect a change in the registere company has been notified in writing of this change. | and agree to act in this capacity. If somplete performance of my duties, a gent as provided for in Chapter 605 ad office address, I hereby confirm t | and I am familiar with and 5, F.S. Or, if this document is | | | |
| | If Changing Registered Agent, Signature | of New Projectored Arrent | | | |

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|----------------|-------------|----------------|---|
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| THE PURPOSE OF MIR | ANDA ROOFII | SG LLC IS TO | OPERATE AN | D CONDUCT | ALL BUS | SINESS | |
|---|---|-------------------------------------|-------------------|--|--|---------------------------------|----------------------------|
| ACTIVITIES LEGALLY | PERMITTED 1 | N THE STAT | E OF FLORIDA | i. | | | |
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| tive date, if other than the frective date is listed, the date in this ment's effective date on the | must be specific ar s block does not | id cannot be prio meet the appli | cable statutory f | or more than 90 da iling requiremen | (optionally) (opti | al) ng.) Pursu ate will n | ant to 605. ot be liste |
| rd specifies a delayed effe iled. | ctive date, but no | ot an effective t | ime, at 12:01 a. | m. on the earlic | r of: (b) | The 90th | day after |
| May 2 | 7 | 505/ | · | | | | |
| | | | | tive of a member | | | |

Filing Fee: \$25.00