L21000167889

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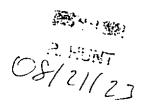


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FLORIDA FILING & SEARCH SERVICES, INC.

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155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

08/21/2023

NAME:

MR. PERFECT, HANDYMAN SERVICES LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION:

ABBIE/PAUL HODGE

COVER LETTER

TO:

TO: Registration Se Division of Cor					
	CT, HANDYMAN SERVICI	ES LLC			
SUBJECT: Name of Limited Liability Company					
The enclosed Articles of ,	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	EVENCIO MOLINA				
		Name of Person			
	MR PERFECT, HANDYM	MAN SERVICES LLC			
		Firm Company			
	18 S FOUR SEASONS		C C C C C C C C C C C C C C C C C C C		
		Address			
	PALM BEACH GARDEN	JS, FL, 33410	- -		
		City/State and Zip Code	<u> </u>		
	evenciomolina@gmail.com				
	E-mail address: (to be used for future annual report no	lification)		
For further information co	oncerning this matter, please c	all:			
EVENCIO MOLINA		561 371-3895			
Name of	Person		ne Telephone Number		
Enclosed is a check for th	e following amount:				
■ \$25.00 Filing Fee	S30.00 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 S	_	<u>Street Address:</u> Registration Se	ection		
Division of Corporations		Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroc Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MR PERFECT, HANDYMAN SERVICES LLC		
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our iability Company)	records.)
The Articles of Organization for this Limited Liability Company	were filed on <u>04/30/202</u> .	and assigned
Florida document number L21000167889		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
MR PERFECT, CONSTRUCTION SERVICES LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation	
Enter new principal offices address, if applicable:		2023
(Principal office address MUST BE A STREET ADDRESS)		AUG
		2 95
	100	P P
Enter new mailing address, if applicable:		PM12
(Mailing address MAY BE A POST OFFICE BOX)		1 0.7
B. If amending the registered agent and/or registered office ac	ddress on our records,	enter the name of the new registere
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	<u> </u>	
·	Enter Florida street	address
		, Florida
Name Barden and A. at C	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p	e to act in this capacit performance of my dut	v. I further agree to comply with the ies, 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

Title	<u>Name</u>	Address	Type of Action

			□ Remove
			□Change
			⊒Add
			□Remove
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			OIVISION OF CORPOR STORE 2020 Add PH 190: 40
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			ÜChange
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			LiChange
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			□Remove
			□Change

Typed or printed name of signee