L2100019578Z

(Requestor's Name)	
(Address)	4003
(Address)	
(City/State/Zip/Phone #)	
(Business Entity Name)	06,/16/2
(Document Number) Certified Copies Certificates of Status	
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COVER LETTER

	ppez Handyman Services, LLC			
SUBJECT:	Name of Limite	ed Liability Company		
The enclosed Articles of	Amendment and fee(s) are subm	sitted for filing.		
Please return all correspo	ondence concerning this matter to	o the following:		
	AntonioVictor Lopez			
		Name of Person		
	Antonio Lopez Handyman S	Services, LLC		
		Firm/Company		
	1708 Loxahachee Dr apt. C			
		Address		
	West Palm Beach FL 33409			
		City/State and Zip Code	. ~	
	amendez.43aam@gmail.com		120	
	E-mail address: (to	be used for future annual report notification)		. • • •
For further information of	concerning this matter, please cal	l:	2021 JUB 16	
Anna Diaz		561 512-5171 at ()		,,,,,,
Name (of Person	at () Area Code Daytime Telephone Number	; 	-
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	te of Status &	

Registration Section

Division of Corporations

TO:

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

Antonio Lopez Handyman Services, LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comp	any were filed on 4/027/2021	and assigned
Florida document number $\frac{L21000195782}{L21000195782}$		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited I.	iability Company." the designation "LI.C" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	·
-		202
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		. ov
naming dadress 1971 176 711 031 01110g box		
3. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, <u>enter th</u>	e name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	m	do
	, Flori	Zıp 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>	Address	Type of Action
AMBR	ANTONIO V LOPEZ	1708 LOXATACHEE DR C WETS PALM BEA	CH Fl ■Add
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			□Change
			□Add
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	. 06/01/2021		: : : : : : : : : : : : : : : : : : :
ctive date, if other than the date of fili effective date is listed, the date must be specific a	ing:	ling or more than 90 days at	otional) Per filing A Pursuant to 6
: If the date inserted in this block does no	t meet the applicable statute	ory filing requirements, t	this date will not be li
ment's effective date on the Department of	f State's records.		
ord specifies a delayed effective date, but n filed.	iot an effective time, at 12:0) A a.m. on the earlier of:	(b) The 90th day at
med.			
JUNE 14TH	2021		
d	7		
(luci W			
	a member or authorized repre-	sentative of a member	

Filing Fee: \$25.00