L21000281863

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21 JUN 21 PH 3: 48

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT:	2 40	SQUARE HANDY	MAN SEIZVICES	LLL
JOBSECT		Name of Limi	ited Liability Company	
The enclosed /	Articles of A	mendment and fee(s) are subt	mitted for filing.	
Please return a	li correspon	dence concerning this matter (to the following:	
		MAY	LOPEZ AMBE Name of Person	
		RAW SONADO	E HANDYMAN SEZ Firm/Company	wicks we
		3986 CA	MPFIRE WAY Address	
		_CASSELSER	Y FC 37707 City/State and Zip Code	
		IVAN (LOPET E-mail address: (I	DOILTS WEMAIL. C	on notification)
For further infe	ormation co	ncerning this matter, please ca	all:	
JVAI	N Lope Name of	AMBR Person	at (<u>407</u>) <u>C</u> Area Code D	aytime Telephone Number
Enclosed is a c	check for the	following amount:		
□ \$25.00 Fil	ling 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)
	ing Address istration Se		Street Addre Registration	
Division of Corporations		Division of Corporations		

Division of Corporations P.O. Box 6327

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION: GEOMETRIC STREET STREET OF STVILLIBLE OF CONFIGURATION

RAW SQUARE HAN	TYMAN STRUCES	21 JUN 21 PH 3: 48
(Name of the Limited Liability (A Florida L	imited Liability Company)	ii dar records.)
The Articles of Organization for this Limited Liability Cor	mpany were filed on	עוב 17, 2071 and assigned
Florida document number <u>L 21000 281863</u>	.•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here	:
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our reco	ords, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	r	street address
	Enter Florida	
	City	, Florida 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:

COURT PART OF USARE MGR = Manager AMBR = Authorized Member 21 JUN 21 PM 3: 48 Type of Action Address Title Name 3986 CAMPFIRE WAY WAND AMBR IVAN LOPEZ CASGEL BURRY FL 32707 ____ Remove __ □Remove _____ Change ...___ □Add □Remove _____ □Change □Remove

□Remove

	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	21 JUN 21 PM 3: 48
_	
fan effec <u>Note:</u> If	e date, if other than the date of filing:
record d is filed	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
ated _	JUNE 17 , 2071.
	Signature of a member or authorized representative of a member
	IVAN COPEZ AMBR-
	1 Y D 1 = 1 (1) 2 C C F-V (1) 1

Filing Fee: \$25.00