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COVER LETTER

TO:	Registration Section		
	Division of Corporations		

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SUBJECT: JOEL'S HANSYMAN SERVICES LLC. Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Yod CAMACHO. Yod's HANSYMAN SERVICES U.C. 43RD ST QU NAPLES FL 34.116. City/State and Zin Code LC1923 C GHAIL (COM -ill address: (to be used for future annual report notification)

For further information concerning this matter, please call:

at (239) 398-6875 Area Code Daytime Telephone Number

Enclosed is a check for the following amount:



Certificate of Status

S55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF	F AMENDMENT FO ORGANIZATION OF	N		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on or d Liability Company)	ur records.)		
The Articles of Organization for this Limited Liability Compar Florida document number <u>L71000309172</u> .	ny were tiled on/	1 <u>04/2077 </u>	and assi	igned
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited lia</u>	bility company here:			
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designat	ion "LLC" or the abt	breviation "E.I	C."
Enter new principal offices address, if applicable:	SAME			
(Principal office address MUST BE A STREET ADDRESS)				
			·····	
Enter new mailing address, if applicable:	SAME			
(Mailing address MAY BE A POST OFFICE BON)				
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our record	s, <u>enter the name</u>	e of the new	registered
Name of New Registered Agent: SAMU			· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:			<u> </u>	
	Enter Florida stre	zet address		-
	Ciry	, 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.

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
HBR	YOE CARBOND.	1781 43RD ST SW NAPLES FR 34116	🗆 Add
	/	NAPLES FL 34116	🗆 Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

SENDMINATION THE BANK WANTS NE tO CHANGE THE OF NGR も 106 12021 07 E. Effective date, if other than the date of filing: (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of tiling or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated	07/06 n . 2021.	,
	(441)	.) .)
	Kignature of a member or authorized representative of a member	,
	You CAMBOHD.	
	Typed or printed name of signce	