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## **COVER LETTER**

	sion of Cor				
		ANTOS - HANDYMAN & C	LEANING SERVICES LLC		
SUBJECT:	Name of Limited Liability Company				
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.		
		ndence concerning this matter	_		
			JAVIER A TORRES		
	Name of Person				
	TORRES SANTOS - HANDYMAN & CLEANING SERVICES LLC				
	Firm/Company				
	2600 TROPICANA BLVD APT A				
	Address				
	NAPLES FL 34116  City/State and Zip Code				
	INFO@SMARTUPACCOUNT.COM  E-mail address: (to be used for future annual report notification)				
For further in	formation co	oncerning this matter, please c			
JAVIER A T	ORRES		239 7848584 at ( )		
	Name of	Person		e Telephone Number	
Enclosed is a	check for th	e following amount:			
<b>■</b> \$25.00 Fi	iling 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	
	ling Address	_	Street Address:		
Registration Section Division of Corporations			Registration Sec Division of Cor		
P.O. Box 6327			The Centre of Tallahassee		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TORRES SANTOS - HANDYMAN & CLEANING 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 Company were filed on 06-06-2022 and assigned Florida document number  $\frac{1.21000346200}{1.21000346200}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: TORRES SANTOS SERVICES LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) . . . Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

\_, Florida \_

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
			□Add
			□Change
	<del></del>		
			Remove
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			□Add
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			□Change

FROM TORRES SANTOS - H	IANDYMAN & CLEANING SERVICES LLC
TO TORRES SANTOS SERV	VICES LLC
THANK YOU	
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ective date, if other than the date is listed, the date must be te: If the date inserted in this block nument's effective date on the Department.	ate of filing:  (optional) e specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 k does not meet the applicable statutory filing requirements, this date will not be listed a artment of State's records.
cord specifies a delayed effective d s filed.	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
MARCH 01	2024
	<del>\</del>

Filing Fee: \$25.00