## LZI 000405494

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(City/State/Zip/Phone #)
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## **COVER LETTER**

SUBJECT: <u>VD HAND</u>	YMAN SERVICE LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Jose Salazar		
		Name of Person	
	VD HANDYMAN SERV	ICE LLC	
	,	Firm/Company	<u> </u>
	3531 NW FLAGLER TER	<b>R</b>	
		Address	
	MIAMI, FL 33125		
		City/State and Zip Code	
	E-mail address: (	to be used for future annual report notif	fication)
For further information c	oncerning this matter, please c	all:	
Jose Salazar	f Person	at (305 ) 889-9296   Area Code Daytime	e Telephone Number
ranic o	11 (1501)	Area Code 17ayina	receptione (value)
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing 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)
			Carrier Softy to Chelosco.
<u>Mailing Addres</u>		Street Address:	
Registration S		Registration Sec	ction

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

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

VD HANDYMAN SERVICE 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 09/13/2021	and assigned
Florida document number <u>L21000405494</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or to	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	<del>,</del> ,
Enter new mailing address, if applicable:	
(Mailing 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:	÷ ⊗ O
Name of New Registered Agent:	
New Registered Office Address:	- 1
Enter Florida street address	
, Florid	a

## 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

Zip Code

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
President	Jose Salazar	3531 NW FLAGLER TER	<b>≅</b> Add
		MIAMI, FL 33125	□Remove
			🖂 Change
	<del></del>		□Add
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			□Change

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Jose Salazar		