Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : TUCONTADORENMIAMI.COM LLC

Account Number : I20200000152 Phone : (561)341-1582 Fax Number : (561)264-6286

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Enail	Address:		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BK ROYAL HANDYMAN SERVICE LLC

11/2

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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FILE 0

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Corporate Filing Menu

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COVER LETTER

TO: Registration Se Division of Cor			
	BK ROYAL HAS	NDYMAN SERVICE LLC	
SUBJECT:	Name of Lim	ited Lability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Pablo E Goyenechea	
		Name of Person	
	GOYENE	CHEA PROFESSIONAL SERVIC	CES LLC
		Firm/Company	
	3175 S	CONGRESS AVE, SUITE 305-B	
		Address	
	PALM	1 SPRINGS, FLORIDA 33461	
		City/State and Zip Code	
		lmin@gpscontador.com	
	E-mail address: (to be used for future annual report noti	ification)
For further information of	concerning this matter, please c	alt:	
Pablo E Go	yenechea	561 at ()	341-1582
Name o	of Person	Area Code Daytim	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration Division of C		Registration Se Division of Co	
P.O. Box 632	-	The Centre of I	•
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BK ROYA	L HANDYMAN SERVICE LLC		
(Name of the Limited	Liability Company as it now appears of Visionida Limited Liability Company)	on our records.)	_
The Articles of Organization for this Limited Lia Florida document number	hility Company were filed on	10/20/2021	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	the limited liability company here	<u>r</u> :	
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the desi	ignation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applical	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			·
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>		
	<u> </u>		
B. If amending the registered agent and/or reagent and/or the new registered office address		ords, <u>enter the nam</u>	e of the new registered
			"∑∷ ≈
Name of New Registered Agent:			<u> </u>
New Registered Office Address:			3 3
	Enter Florid	a street address	-Z
	City	Florida	Zin Code
New Registered Agent's Signature, if changing Re	•		2: 35
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing of the company has been notified in writing the company has been notified in the company has been notified in the company has been notified in the company has been	r and complete performance of m ered agent as provided for in Ch egistered office address, I hereby	iy duties, and I am j apter 605, F.S. Or,	ree to comply with the Camiliar with and if this document is

If Changing Registered Agent, Signature of New Registered Agent

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From: +15612646286 (FAX.PLUS)

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
MGR	KRISTOF, BRANISLAV	1128 HIGHLAND RD	
		LANTANA, FL 33462	TRemove
			□Change
			□Add
			□Remove
			☐Change
			□Add
			:: Remove
			Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

From: +15612646286 (FAX.PLUS)

0

		BRANISLAV KRISTOF	#0 *:	?: 3
	Signat	ure of a member or authorized representative of a member	r	P DK
		BRANISLAV KRISTOF		,
Dated	NOVERIDE ZBU	·	(A)	- AON
o, o is thed.	November 2nd	2021		2841 NOV -2
ne record sp ord is filed.	ecifies a delayed effective date,	but not an effective time, at 12:01 a.m. on the earli	ier of: (b) The 90th day a	fter the
document.	s effective date on the Departm	nent of State's records.		
Effective (date, if other than the date of the date is listed, the date must be specified that important in this blook date.	of filing: scific and cannot be prior to date of filing or more than 90 over not meet the applicable statutory filing requirem	(optional) lays after filing.) Pursuant to (605.0207 isted as
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			<u>,</u>	
				
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		<u> </u>		

Filing Fee: \$25.00