

(Red	questor's Name)	
(Add	Iress)	
(Add	Iress)	
(City	//State/Zip/Phone #)	
PICK-UP	MAIT	MAIL
(Bus	iness Entity Name)	
(Document Number)		
Certified Copies	Certificates of	Status
Special Instructions to Filing Officer:		
	HORNE UL 1 1 2024	





06/05/24--01003--024 **25.00



COVER LETTER

Division of Cor			
SUBJECT: HO	tico Hande Name of Lig	man LLC nited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		ictor Flores Name of Person	
	Flortica	Handynan L	l C
	4761 Nu) 13th AUR	
	Pompano	Beach FL 35 City/State and Zip Code	3064 3 86 4
		on a ya hoo com	tication)
For further information ed	oncerning this matter, please c	all:	
Victor F	Tores	at (<u>954</u>) <u>55</u> Area Code Davim	9 - 6 4 3 9 e Telephone Number
		1,102 0,000	
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Street Address: 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

OF (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 Florida document number 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," Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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: Name of New Registered Agent: New Registered Office 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.

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
	NIA		□Add
			□Change
			
			□Remove
			☐Change
			□Add
			□Remove
			□Change
		□Add	
			□Remove
			□Change
		□Add	
			□Remove
			□Change
			□ Add
			□Remove
			Change

	W/A
	, .
•	
-	
-	
(If an eff	tive date, if other than the date of filing:
he recor ord is fi	rd 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 led.
Dated	05/26/2024
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00