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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EQUIPTRADE AMERICA INC

Account Number : I20230000068

Phone : (954)990-5117 Fax Number : (954)368-2360

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

<b>Email</b>	Address:	 	 	 -

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JOHN CLEANING & HANDYMAN SOLUTION, LLÈ

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AUG 1 4 2023 K. Brumbley

Tallahassee, FL 32314

9543682360

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## **COVER LETTER**

Division of Corp	porations		
	ANING & HANDYMAN SOL	UTION, LLC <sub>t</sub>	
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	ROSALBA CARRASQUE		
		Name of Person	·
	HC FINANCIAL SERVIC		
		Firm/Company	
	4700 N HIATUS ROAD S	SUITE 155	
		Address	
	SUNRISE, FLORIDA, 33	351	
		City/State and Zip Code	
	hofinancialservicesfl@gma		
	E-mail address: (	to he used for future annual report notif	ication)
For further information of	oncerning this matter, please or	all:	
Rosalba Carrasquel		954 6255177 at ( )	
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for t	he 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)
Mailing Addre Registration		<u>Street Address:</u> Registration Se	ction
Division of C		Division of Cor	porations
P.O. Box 63		The Centre of T	allahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I.	ny as it now appears on our records.) hability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L21000528805	were filed on 12/15/2021 and as	signed
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
JOHN CLEANING SOLUTIONS LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L	L.€."
Enter new principal offices address, if applicable:	7395 CLEVELAND ST	
(Principal office address MUST BE A STREET ADDRESS)	HOLLYWOOD FL 33024	
Enter new mailing address, if applicable:	7395 CLEVELAND ST	
(Mailing address MAY BE A POST OFFICE BOX)	HOLLYWOOD FL 33024	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	2023 AUG 14 SEGNETAL SALL MISS	w regist
	Enter Florida street address , Florida.	10VE
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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person	being added
or removed from our records:	

MGR = M $AMBR = A$	ianager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	ANGELA M WHITAKER	7395 CLEVELAND ST . HOLLYWOOD . FL 3302-	4 ≣Add
			_ = Remove
			_
			□Add
			□Remove
			_ Change
			□Add
			ПСетюче
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Note: If t	date, if other than the date of filing:	605.0207 isted as 1
record sp d is filed.	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day at	fler the
Dated 7/1	11/2023	
	JOHNIZEE WHITAKER Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	
	Typed or printed name of signec	

Filing Fee: \$25.00