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Certified Copies	Certificates	of Status
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Registration Section

TO:

Division of Corp	orations			•
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SUBJECT:TIRIU	27111 OG G110-	ited Liability Company	. <u>.</u>	
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The analogue Assistance of A	Amendment and fee(s) are sub-	mitted for filing		
The enclosed Afficies of A	thenament and rec(s) are sub-	mined for ming.		
Please return all correspon	dence concerning this matter	to the following:		
	Valorni m	WATINI DE OLIVEIRA Name of Person		
	HANDYMAN	WORLD UC Firm/Company	 	
	4160 Casrilla (CIR Aft 205		N :
		Address		2 \$
	Cate more	08 61 23016		22 SEP - 1 PH 2: 02
	PORE TRYET	S FL 33916 City/State and Zip Code		<u> </u>
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	E-mail address: (to be used for future annual report noti	ication)	2: 02
For further information co	oncerning this matter, please ca	all:		02
Vacami MARNINS Name of			- 4776' E Telephone Number	-
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 (additional copy is enclosed)	☐ \$60.00 Filing Fe Certificate of \$1 Certified Copy (additional copy is	tatus &
<u>Mailing Address</u> Registration S		Street Address: Registration Se	ction	
Division of Co		Division of Cor		
P.O. Box 632	7	The Centre of T		
Tallahassee, F	L 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HANDYMAN WORLD UC_		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Oliveira Constituction (IC		
The new name must be distinguishable and contain the words "Limited Liabi Enter new principal offices address, if applicable:	lity Company," the designation "LLC" or the abb	reviation "L.L.C."
Principal office address MUST BE A STREET ADDRESS)	N/A N/A	22 SE
Enter new mailing address, if applicable: "Mailing address MAY BE A POST OFFICE BOX"	NIA NIA	P - 05
	N/	· 02
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name	of the new registers
Name of New Registered Agent: Made In P	mazil Services	
New Registered Office Address: 12811 Ke	nword Lane Suite 208 Enter Florida street address	
Fort Myer	S Florida 3	3907
Now Design and Asset's Constant of shanning Devictored Aports	City	Zip Code

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.

Maria M. Caldas – 1000S 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
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