

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200425698612

08/15/24--01011--018 \*\*25.00

2024 H.S. 15 PH 3: 50

## **COVER LETTER**

Division of Cor			
SUBJECT:	Mosquera	Handyman LLC ited Liability Company	
	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Ro	nerto Arguello Name of Person	
	<u>Cosa Hisno</u>	na de Multiser	vicios
	4532 Tamic	MI Trail E STE	304
	Napies,	FL 34117 City/State and Zip Code	
		nade multiservicios to be used for future annual report notif	
For further information co	oncerning this matter, please en	all:	
hoberto	Algueno Person	at ( <u>Z39</u> ) <u>610</u> Area Code Daytimo	- O Q Z o
Enclosed is a check for th			
\$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	LI \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	LI \$60.00 Filing Fee, Certificate of Status & Certified Copy radditional 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

( <u>Name of the Limited Liability Company as i</u> (A Florida Limited Liability	t now appears on our records.)
(A France English	1 1
The Articles of Organization for this Limited Liability Company were	filed on O4 O4 702 Z and assigned
Florida document number L 22000161523	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability c	ompany here:
The new name must be distinguishable and contain the words "Limited Liability Cot	mpany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	<u> </u>
	7
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	ယ
	50
B. If amending the registered agent and/or registered office addre agent and/or the new registered office address bere:	ss on our records, <u>enter the name of the new register</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
C	Tity 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.

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
M GR	Damign Waifrido	MOSQUECO	810300		<b>X</b> Add
			yzza 30tn	Aue sw	□Remove
			Naries, FL	34116	I Change
<del></del>					
					□Remove
					Change
<del></del>		•			⊒Add
					□Remove
					TChange
					□Remove
					□Remove
	-	<del></del>			Add
					□Remove
					- Change

_	Pie	ase	<u>ac</u>	<i>Sb</i> :	9	<u> </u>	ian	Wa	17-13	1 0	105QU	<u>2(0</u>	Bruzo	0
														_
-	- ( )	- 11	1	<u>'</u>	<u> </u>					<del></del>				
-			<del></del> .			<del></del>	<del></del>	<del></del> -	<del></del> . <del>-</del>					<del></del>
_			- <del>-</del> -					•						_
-						·								
-				<del></del>	<u> </u>	<del></del>							<del></del>	
-							····							
														_
-									<u> </u>					_
-						<del> </del>					····································			_
_										_				
•				<u></u>		•					····		· · · · · · · · · · · · · · · · · · ·	
-	-								••					_
-														_
-			-				-					,		_
-														_
				_										
ote;	If the c	late insc	rited in	i this b	lock de	es not r	g: I cannot b neef the : State's re	applicabl	date of filing e statutory	g or mor r filing	e than 90 day requirement	optiona s after filir s, this da	d) ng.) Pursuant to 6 te will not be li	05.020 sted a
	id speci iled.	fies a de	dayed	effecti	ve date.	but not	an effec	rtive time	, at 12:01	a.m. oi	the earlier	of: (b)	The 90th day af	ter th
ited	<u>_Mo</u>	1(CN		11	tn		. <u>ZC</u>	PSC						
						<	<u>/</u>							
		<del></del>			Signat	ure of a	member o	or authoriz	ed represen	tative o	f a member		<del></del>	

Filing Fee: \$25.00