# K22000166553

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FILE ED 2: 35

#### **COVER LETTER**

## Registration Section Division of Corporations TO:

	Name of Lim	nited Liability Company	
ne enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
ease return all corresp	ondence concerning this matter	to the following:	
	Carlos Quinteros		
		Name of Person	
		Firm/Company	
	1345 nw 5th st		
		Address	
	Miami, FL 33125		
	carloszavala.cq@gmail.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notif	ication)
or further information	concerning this matter, please co	all:	
arlos Quinteros		305 741-1543 at ()	
Name	of Person	Area Code Daytimo	: Telephone Number
nclosed 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 enclo

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

FILED

CARLOS' HANDY WORX LLC

2022 JUN 17 PM 2: 35

	rida Limited Liability Company)	TALT AHAGOR PANE	
The Articles of Organization for this Limited Liability	Company were filed on 04/06/202	2 and assign	
Florida document number L22000166553	<del></del> ;		
This amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the li	mited liability company here:		
The new name must be distinguishable and contain the words "I	imited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C	,
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		<del></del>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	red office address on our records	, enter the name of the new re	
B. If amending the registered agent and/or registe			egiste
			egiste
agent and/or the new registered office address here			egiste
Name of New Registered Agent:			egiste
agent and/or the new registered office address here		et address	egiste
<del></del>	Enser Florida stree	et address , Florida Zip Code	

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
MGR	Carlos Quinteros	1345 nw 5th st	□Add
		Miami. FL 33125	□Remove
			■ Change
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			Remove
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Effective date, if other than the of (If an effective date is listed, the date must	late of filing:	02/2022	· (1):	(option	al)	- 40£ N303 /
Note: If the date inserted in this blo	ck does not meet th	e applicable stat				
document's effective date on the Dep	bartment of State s	records.				
ne record specifies a delayed effective ord is filed.	date, but not an eff	ective time, at 1	2:01 a.m. on the o	earlier of: (b)	The 90th day	after the
Dated June 2nd	202	2				
A A						
			resentative of a me			

Typed or printed name of signee