L22000203243

(Requestor	s Name)
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(City/State/	Zip/Phone #)
PICK-UP	_
(Business I	Entity Name)
(Document	Number)
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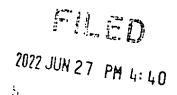
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COVER LETTER

		ent Services LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Luis Puig		
	Name of Limited Liability Company ed Articles of Amendment and fee(s) are submitted for filing. rn all correspondence concerning this matter to the following: Luis Puig Name of Person Luis's Handyman and Property Management Services LLC Firm/Company 16020 Foster Grove Dr. Address Odessa , FL 33556 City/State and Zip Code Luispuigservices @gmail.com E-mail address: (to be used for future annual report notification) information concerning this matter, please call: 727 ATO-8014 Name of Person S a check for the following amount: D Filing Fee S 330.00 Filing Fee & Certificat Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed) Lailing Address: egistration Section Street Address: Registration Section		
	Luis's Handyman and Prop	perty Management Services LLC	
		Firm/Company	notification) 4 ytime Telephone Number \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) g: Section Corporations of Tallahassee
	16020 Foster Grove Dr.	Name of Limited Liability Company at and fee(s) are submitted for filing. In the control of th	
	···= ··	Address	
	Odessa , FL 33556		
		City/State and Zip Code	
For first in formation			tion)
	concerning this matter, please c		
Luis Puig		ai ()	
Name	of Person	Area Code Daytime Te	elephone Number
Enclosed is a check for t	the following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
			on
Division of (Corporations	Division of Corpor	rations
P.O. Box 63:			
Tallahassee,	FL 32314	2415 N. Monroe S	treet, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Luis's Handyman and Property Management Services LLC

(Name of the Lim	ted Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	TALLAHASSEE, FI
The Articles of Organization for this Limited I Florida document number L22000203243	Liability Company v	vere filed on 4/28/2022	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, <u>enter the new name o</u>	of the limited liabil	ity company bere:	
The new name must be distinguishable and contain the	words "Limited Liabilit	y Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		<u> </u>
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	BOX)		
	. —		
B. If amending the registered agent and/or agent and/or the new registered office address.	•	ddress on our records, <u>enter the r</u>	name of the new registered
Name of New Registered Agent:	Luis Puig		
New Registered Office Address:	16020 Foster Gro	ove Dr.	
	-	Enter Florida street address	
	Odessa	F1 '1	33556

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.

Cirv

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>	<u>Name</u>	Address	Type of Action
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iote: If the date inserted in t	the date of filing: e must be specific and cannot be prior to date of his block does not meet the applicable statute Department of State's records.	(option filing or more than 90 days after futory filing requirements, this	nal) iling) Pursuant to 60! date will not be list	5.0207 ed as
record specifies a delayed ef I is filed.	ective date, but not an effective time, at 12	2:01 a.m. on the earlier of: (b)	The 90th day afte	r the
atcd 620/200	\mathcal{V}			
	<u> </u>		:	
	Signature of a stemher or authorized repr	resentative of a member		
	Typed or printed name o			
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Filing Fee: \$25.00