## Florida Department of State

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Division of Corporations

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From:

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AC HANDYMEN LLC

Certificate of Status	0
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AC HANDYMEN LLC		
(Name of the Limited Liability ( (A Florida Li	Company us it now appears on our records.) mited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Com Florida document number <u>L22000316903</u>		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
N/A		
new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u></u>	<del></del>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, enter the na	me of the new registere
		022
Name of New Registered Agent:		
New Registered Office Address:		22 File
	Enter Florida street address	3 G 6 C
	, Florida	- (
	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.

22

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
AMBR	ALEXANDER CRIBEIRO		□Add
			□Remove
		10929 SW 181ST TER, PAMETTO BAY, FL 33157	- ~.
			□Add
			□Remove
			□Change
			[]Add
			□Remove
			Change
			[]Add
			□Remove
			Change
			□Add
			Remove
			Change
			[]Add
			[]Remove
			Change :

	ONLY THE REQUIRED CHANGE IS THE TITLE OF ALEXANDER CRIBEIRO TI "AMBR"
•	
•	
-	
Effect If an of	ive date, if other than the date of filing: (optional)  ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
aocun	sent's effective date on the Department of State's records.
e recoi rd is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the led.
Dated	
Dated	
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member  Alexander CRIBESPO