Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

My Central Florida Handyn				·· ·· ·			
(Name of the Limited Li (A Fi	iability Compai Iorida Limited L	ny as it now Jability Com	appears on our r pany)	ecoras.)			
The Articles of Organization for this Limited Liability Florida document number L22000399842	ity Company	were filed	on <u>09/13/22</u>	2	an	d assig	med
This amendment is submitted to amend the following	ıg:						
A. If amending name, enter the new name of the	limited liabi	lity compa	iny here:				
The new name must be distinguishable and contain the words	"Limited Liabil	ity Company	," the designation	"LLC" or the a	bbreviatio	on "L. L.	C."
Enter new principal offices address, if applicable:	:						
Principal office address MUST BE A STREET AL	DDRESS)						
Enter new mailing address, if applicable:					 		
Mailing address MAY BE A POST OFFICE BOX	<u>V)</u>						
B. If amending the registered agent and/or regist agent and/or the new registered office address he		iddress on	our records, <u>e</u>	nter the nar	ne of <u>th</u>	e new	<u>register</u>
Name of New Registered Agent:			· · · · · · · · · · · · · · · · · · ·				···········
New Registered Office Address:							
rew regiment office reading.		En	ter Florida street a	ddress			
_				Florida			
		City			Zip (Code	
New Registered Agent's Signature, if changing Regis	stered Agent:						
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper ar accept the obligations of my position as registere being filed to merely reflect a change in the regis	nd complete ed agent as p	performai provided fo	ice of my dutionr in Chapter (es, and I am 805, F.S. Or	familia ; if this	ur अस्मि। do ्रा ग	and ient is
company has been notified in writing of this char						- 2	:
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					* •		

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
AMBR	Alicia Maria Saud Moreno	1352 Raintree bend #101	X (Add
		clermont Fl 34714	□Remove
			□Change
			□Add
			□Remove
			□Change
			
			□Remove
		-111	☐ Change
			□Add
			□Remove
			□Change
			⊡Remove
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			DAdd
			□Remove
			□Chan.m

<u>(</u>	Y) argen (امسر Noble	ure of a men	nber or autho	orized repre	sentative of a	member			
the record spec cord is filed.	ifies a delayed	i effective date,	but not an	effective ti	me, at 12:0)1 a.m. on tl	ne carlier o	f: (b) The	90th day after	the
Note: If the	date is listed, the date inserted i	han the date date must be spen in this block do on the Departin	ecific and car les not mee	mot be prior t the applic	able statuto	ling or more to	han 90 days	p tional) after filing.) I , this date w	Pursuant to 605.0 ill not be listed	0207 (3)(d as the
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