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(Re	equestor's Name)	
(Ad	idress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Document Number)		
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COVER LETTER

~	on Section of Corporations		
SUBJECT: CES	AR AND FRANK HANDYM	IAN SERVICES LLC	
30 <i>b</i> (te1	Name of Florida Limited Par	rtnership or Limited Liabil	ity Limited Partnership
The enclosed Ce	rtificate of Amendment a	nd fee(s) are submitted	d for filing.
Please return all	correspondence concerni	ng this matter to:	
FRANK MASSARO	o		
CUCAD AND UDA	Contact Person		
CESAR AND FRA	NK HANDYMAN SERVICE	S LLC	
27037 SEA BREEZ	Firm/Company		
27037 SEX BREEZ			
	Address		
WESLEY CHAPEI			
	City, State and Zip Code		
cesarnfrankhandyn	nan@gmail.com		
E-mail address	to be used for future annual	report notification)	
For further infor	mation concerning this ma	atter, please call:	
CESAR ULLOA		305 979 at ()	9-3821
Name of C	ontact Person		ytime Telephone Number
Enclosed is a che	eck for the following amo	ount:	
☐ \$52,50 Filing Fee	e □S61.25 Filing Fee and Certificate of Status	■\$105.00 Filing Fee and Certified Copy	☐S113.75 Filing Fee. Certified Copy, and Certificate of Status
Mailing Address Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL 3	cion orations	The Centre	n Section Corporations of Tallahassee onroe Street, Suite 810

COVER LETTER

TO:

Tallahassee, FL 32314

	Registration Se Division of Cor			
SI DIEC		ND FRANK HANDYMAN SI	ERVICES	
Name of Limited Liability Company				
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	turn all correspo	ondence concerning this matter	to the following:	
		FRANK MASSARO		
			Name of Person	
	CESAR AND FRANK HANDYMAN SERVICES			
	Firm Company			
	27037 SEA BREEZE WAY			
			Address	
		WESLEY CHAPEL, FL 3	3544	
		·	City/State and Zip Code	 _
		cesarandfrankhandyman@g		
		E-mail address: (to be used for future annual report noti	fication)
For furthe	er information c	oncerning this matter, please ca	all:	
CESAR I	ULLOA		305 9793821	
	Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	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 enclosed)
	Mailing Addres		Street Address:	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CESAR AND FRANK HANDYMA	AN SERVICES		133 c-2 -1 - C: 38 -
(Name of the Limite	ed Liability Compa A Florida Linuted I	ny as it now appears on our recor lability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Lie lorida document number L23000014944	ability Company	were filed on JANUARY 06.	2023 and assigned
his amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
he new name must be distinguishable and contain the we	ords "Limited Liabil	ity Company," the designation "LL	C" or the abbreviation "L.L.C."
Inter new principal offices address, if applica	ıble:	27037 SEA BREEZE WAY	
Principal office address MUST BE A STREE.	T ADDRESS)	WESLEY CHAPEL, FL 3354	14 US
nter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>)		27037 SEA BREEZE WAY	
		WESLEY CHAPEL, FL 335-	14 US
 If amending the registered agent and/or regent and/or the new registered office address 	egistered office a s here:	address on our records, <u>ente</u>	r the name of the new register
Name of New Registered Agent:	FRANK MASSARO		
New Registered Office Address:	27037 SEA BR	EEZE WAY	
		Enter Florida street addre	20.5
	WESLEY CHA	.PEL . F	lorida ³³⁵⁴⁴

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.

Ciry

f Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	<u>Address</u>	Type of Action
AMBR	ULLOA HOLDINGS LLC	26932 SEA BREEZE WAY	
		WESLEY CHAPEL, FL 33544	■Remove
			Change
			\(\sum_\text{Add} \)
		-	Remove
		<u> </u>	
			[]Remove
			Change
-			
			□Remove
			□Change
			□ Add
		-	
	 		
			□Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: _ (optional) (If an effective 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 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed.

Signature of a member of authorized representative of a member

Frank S. Massarv

Typed or printed name of signee

Filing Fee: \$25.00



September 30, 2023

FRANK MASSARO 27037 SEA BREEZE WAY WESLEY CHAPEL, FL 33544

SUBJECT: CESAR AND FRANK HANDYMAN SERVICES LLC

Ref. Number: L23000014944

We have received your document for CESAR AND FRANK HANDYMAN SERVICES LLC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 323A00022621

CQ1 1 3 2023