L23000023366

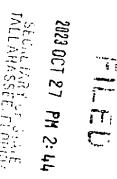
(Requestor's Name)
(Address)
(Address)
(Audiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Cashies Zimi, Films)
(Document Number)
Certified Copies Certificates of Status
2
Special Instructions to Filing Officer:

Office Use Only



700417860817

10.27/20--0.020--603 (++65.00



VH

COVER LETTER

TO.	" LK LETTER	
ŢO:	Registration, Section	
	Division of Corporations	
	or Corporations	
CUDAN	CT: Estrada & Son's Handyman Services & More, LLC Name of Limited Viability Company	
20R1E	CT: Lo Wada (Sak H.)	
	Jon 3 Franklyman Jewisses & M. II.	
	Name of Limited Viol 21 Control Cliff love	
	Company Company	
~		
The enclo	osed Articles of Amendment and fee(s) are submitted for filing.	
	Amendment and fee(s) are submitted for site	
Please res	turn all correspondence concerning this matter to the following:	
- rount Itt	cutt all correspondence concerning this server	
	this matter to the following:	
	- Jessica Fortrada	
	Jessica Estrada	
	Name of Person	
	P. O	
	Firm/Company	
	- 201 Highlands Way	
	- manual (Dan	
	· · · · · · · · · · · · · · · · · · ·	
	Barton, A 33830 City/State and Zin Code	
	Darton, A 22820	
	City/State and Zip Code	
	E-mail address: (to be used for future aunual report notification)	
	- lessica. estrada 17 a.	
	E-mail address: (to bound	
For further to	(to be used for future aunial report portficesion)	
or runner in	nformation concerning this matter, all	
	nformation concerning this matter, please call:	
١.		
Je_S	Sica Estrada	
	XIAS 122	
	Name of Person at () 1 - () 1 - ()	
	Area Code Daytime Telephone Number	
	Daytine Telephone Number	
_		
Enclosed is a	Check for the fall of	
	check for the following amount:	
∟3 \$25.00 Fil	,	
5.00 1/[[ling Fee L \$50.00 Filing Fee & \$555.00 Filing Fee &	
	Control - co	
	Certified Conv. — 400.00 Filing Fee	
	(additional copy is enclosed) Certificate of Status &	
	Conv	
	(additional copy is enclosed)	
	·	

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

Estrada & Son's t	Landyman	Services & m	ore LLC	_		
Estrada & Son's H	d Liability)Company A Florida Limited Lia	<mark>/ as it now appears on o</mark> bility Company)	ur rec6rds.)			
The Articles of Organization for this Limited Liz Florida document number <u>L2300023</u>	ability Company w	•			and as	signed
This amendment is submitted to amend the follo	wing:					
A. If amending name, enter the new name of	the limited liabili	ty company here:				
	 					
The new name must be distinguishable and contain the wo	ords "Limited Liability	Company," the designa	tion "LLC" or the	abbrev	riation "L	.L.C."
Enter new principal offices address, if applica	ble:					
(Principal office address MUST BE A STREE)	(ADDRESS)			<u>∵1</u> – ;;	~	
Enter new mailing address, if applicable:				LAHASSE	23 OCT 27	FORMATO
(Mailing address MAY BE A POST OFFICE BOX)				<u> </u>	ور	<u> </u>
				<u> </u>	<u> </u>	
			3	∑rri	44	
B. If amending the registered agent and/or reagent and/or the new registered office address		ldress on our record	ls, <u>enter the n</u>	ame of	f the ne	w registere
Name of New Registered Agent:	<u>Jessic</u>	a Estrade	_			
New Registered Office Address:	201 H	ghlands Wo Enter Florida sti	vee address			
	Barton			33	83 0	
		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.

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
<u>mgr</u>	Rafael Estrada	261 Highlands Way	MAdd
		Bartow, FT 33830	□Remove
			□Change
AMBR	Francisco Estrada	414 ElliottRd	□Add
		Bartow, FJ 33830	□Reinove
			& Change
AMBR	Dylan Estrada	414 Elliott Rd	🗀 Add
		Bartow, Fl 33830	\ _Reinove
			☑Change
AMBR	Jessica Estrada	201 Highlands Way	□Add
		Bartow, 19 33830	□Remove
			Change
			□Add
			Remove
			□Change
			Remove
			Change

		-
······································	···	-
······································		_
		_
		_
		_
		_
	20 FAL:	_
	SE CILE	- **;
	T 27	
	PH	T
	2: 4	
		_
Iffective date, if other than the date of filing:		
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: is filed.	(b) The 90th day aft	er the
ated <u>October</u> 23, 2023.		
ated October 33 , 2033. Refal Estada Signature of a member or authorized representative of a member		