

L23000086633

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

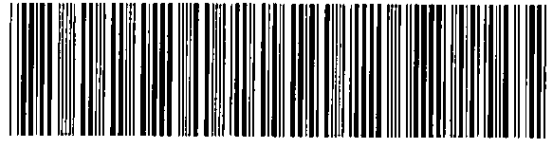
(Business Entity Name)

(Document Number)

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2024 SEP 19 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wicked Potions LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joseph Mejias
Name of Person

Firm/Company

10503 Bastille Ln Apt 304
Address

Orlando, FL 32836
City/State and Zip Code

josephmejiasx@icloud.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph Mejias at (407) 697-6701
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 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 Address:
Registration Section
Division of Corporations
P.O. Box 6327

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

2024 SEP 19 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Wicked Potions LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/17/23 and assigned Florida document number L23000084433

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Joe's Handyman & Removal Services LLC
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

10503 Bastille Ln Apt 304
Orlando, FL 32836

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10503 Bastille Ln Apt 304
Orlando, FL 32836

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

10503 Bastille Ln Apt 304
Enter Florida street address
Orlando, Florida 32836
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

Title	Name	Address	Type of Action
			<input type="checkbox"/> Add
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2024 SEP 19 11:09 AM
SECRETARY OF DEFENSE
FALL MILITARY

2024 SEP 19 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FL

2024 SEP 19 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLA.

(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)

(b) The 90th day after the record is filed.

Dated September 13th, 2024

Joseph Mejias
Signature of a member or authorize

Signature of a member or authorized representative of a member

Joseph Mejias

Typed or printed name of signee