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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	100 Handy	Man Service (<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Jose Ram	on Rodrigue Name of Person	3 Carrasquillo
	Filpo Ha	Name of Person () Indyman Se Firm/Company	exvice UC
		Tuscany dr	
	Orland	City/State and Zip Code Onte DSE 50 a) to be used for future annual report noti	1
	E-mail address: (to be used for future annual report noti	ication)
	oncerning this matter, please ca		
Tose R Redi	1942 Carra	SAUdt (10) 407 Area Code) Daytime	- 7202849 : Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroc	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION. OF

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) of the Abban State (A Florida Limited Liability Company) of the Abban State (A Florida Limited Liability Company) of the Abban State (A Florida Limited Liability Company) of the Abban State (A Florida Limited Liability Company) of the Abban State (A Florida Limited Liability Company) of the Abban State (A Florida Limited Liability Company) of the Abban State (A Florida Limited Liability Company) of the Abban State (A Florida Limited Liability Company) of the Abban State (A Florida Limited Liability Company) of the Abban State (A Florida Limited Liability Company) of the Abban State (A Florida Limited Liability Company) of the Abban State (A Florida Limited Liability Company) of the Abban State (A Florida Limited Liability Company) of the Abban State (A Florida Limited Liability Company) of the Abban State (A Florida Limited Liability Company) of the Abban State (A Florida Limited Liability Company) of the Abban State (A Florida Limited Liability Company) of the Abban State (A Florida Limited Liability Company) of the Abban State (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on $\frac{5 18 2023}{18 2023}$ and assigned Florida document number $\frac{L23000245576}{18 2023}$
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) OF Jando, FL 32821
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) (Mailing address MAY BE A POST OFFICE BOX) Or (ando, FL 3282)
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: Jose Ramon Rodriguez Carrasquille
New Registered Office Address: 19900 VIIIa TUS Any of apt 206
Drian do Florida 3282/
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>	<u>Name</u>	Address	Type of Action
MGR	Jose Ramon	19900 Villa Tuscanyo	W CHAdd
	Rodriguez	Opt 206	□Remove
(Jose Ramon Rodriguez Carrasquillo	19900 Villa Tuscanyo Oyt 206 Orlando, FL 32821	□Change
			□Add
			□Remove
			□Change
			□Add
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-	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(It an effe <u>Note:</u>	re date, if other than the date of filing:
f the record ecord is file	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 d.
Dated _	6/14/2023
	Signature of a member of authorized representative of a member
	Jose Ramon Rodiguez Carrasquillo