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COVER LETTER

	ration Section n of Corpor				
	JSTILLO H	ANDYMAN, LLC			
SUBJECT:		Name of Limi	ted Liability Company		
The enclosed Ar	ticles of Am	nendment and fee(s) are subr	nitted for filing.		
Please return all	corresponde	ence concerning this matter t	o the following:		
		DIASEL BUSTILLO ROM	AN		
			Name of Person		
		BUSTILLO HANDYMAN	, LLC		
			Firm/Company		
		3000 SW 37TH AVE			
			Address		
		WEST PARK, FL 33023			
	,	diaselbustillo09@gmail.com			
	-	E-mail address: (t	o be used for future annual report notificatio	n)	
For further infor	mation conc	eerning this matter, please ca	ll:	20 S	
DIASEL BUST			786 3435896 at ()		- 1
	Name of Po	erson	Area Code Daytime Tele	phone Number	
Enclosed is a ch	eck for the f	following amount:			
■ \$25.00 Filin	ng Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Contificate of Status & Certificate Copy (additional copy is enclosed	()

Mailing Address:

TO:

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

BUSTILLO HANDYMAN, LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	vas it now appears on our records.) ability Company)	_
The Articles of Organization for this Limited Liability Company w	vere filed on 11/14/2023	and assigned
Florida document number L23000515767		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office ad	ldress on our records, <u>enter the</u>	• 1
agent and/or the new registered office address here:		() , ,
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:		2
	Enter Florida street address	
	, Florid:	
	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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	DIASEL BUSTILLO ROMAN	3000 SW 37TH AVE WEST PARK, FL 33023	= Add
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effective date is list	her than the date of ed, the date must be speci	itic and cannot be pri	or to date of filing	or more than 90 d	lays after filin	g.) Pursuar	nt to 605.020
<u>te:</u> If the date inso ument's effective	erted in this block does date on the Departmen	s not meet the appl nt of State's record	icable statutory is.	filing requireme	ents, this dat	e willinos	
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record specifie he 90th day af	s a delayed effect ter the record is f	tive date, but r filed.	not an effecti	ve time, at 1	2:01 a.m	. on the	earlier (
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