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## **COVER LETTER**

Division of Corporations	
SUBJECT: LULT the Mancluman  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:	
Edga-do J. Berrios Santini Name of Person	
Name of Person	
LULI the handynan Firm/Company	
6530 Panpei Rd	
Orland F/ 32822	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Edopodo J. Berrios Santini ai 321.332 3663	
For further information concerning this matter, please call:  Edoordo J. Dervios Gantini at (Area Code)  Name of Person  Area Code  Daytime Telephone Number	em em
Enclosed is a check for the following amount:	) i**
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee Certificate of Status Certified Copy Cert	

TO:

Registration Section

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

LUL	the han	dyman L	LC	
(Name of the Limited	Liability Company as it now app Florida Limited Liability Compan	ears on our records.) y)		
The Articles of Organization for this Limited Lia	ility Company were filed on	03/05/20	24_ and assi	gned
Florida document number <u>L24000111476</u>	·			
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of t	e limited liability company	here:		
The new name must be distinguishable and contain the wor	s "Limited Liability Company," th	e designation "LLC" or th	e abbreviation "L.L	C."
Enter new principal offices address, if applical	le:	<u> </u>	<del></del>	
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	<u></u>			
B. If amending the registered agent and/or reg agent and/or the new registered office address	stered office address on our ere:			registered
		QD .	202	
Name of New Registered Agent:	<u>Edgardo</u> J	· Berrios	= Santi	<u> 15:</u>
New Registered Office Address:	6530 Poupeii	Rd	122	11 = 2 · · ·
	Orlandu	Florida street address , Florida	50282	2
	City		T. T. Com	- <del></del>
New Registered Agent's Signature, if changing Re	istered Agent:		1.1	

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 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 Type of Action Title Address Name Jossica L'Color Martinez 6530 Pompeii Rd Orlando 7/ DAdd 32822 Edgardo J Brios Sontini 1530 P. Dyseii Rd Dans Dilanch FL. 32827 | Remove \_ □Change Edgardo J. Berrios Santini 6530 Pompeii Rd DAdd Orlando FL 32822 Remove AMBR Justin L. Colon Mathrez 6530 Pompaii Rd Remove ☐ Change Remove

☐ Change

i. It amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	·
	·
(If an effect Note: If	e date, if other than the date of filing:
documen	
he record s	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th Bay after the
Dated	9 September 2024 FERSIAN SEEF STAIN SEEF STA
	EPR
	Signature of a member or authorized representative of a member