10/17/24, 4:14 PM

To:

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name RC TAX SERVICE LLC
Account Number 120140000083
Phone (407)932-0040
Fax Number (407)520-5473

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ELITE HANDYMAN CARE LLC

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T. LEMIEUX

To:

## **COVER LETTER**

Division of Cor		
ELITE HA	NDYMAN CARE LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are submitted for filing.	
Please return all correspond	nondence concerning this matter to the following:	
	LUIS J RODRIGUEZ CASTRO	
	Name of Person	<u></u>
	ELITE HANDYMAN CARE LLC	
	Firm/Company	_
	2251 CHATHAM PLACE DR	
	Address	<del>.</del>
	ORLANDO, FL 32824	
5-	City/State and Zip Code	-
	ELITEHC2024@GMAIL.COM	
	. E-mail address: (to be used for future annual report notification)	
For further information c	concerning this matter, please call:	
LUIS J RODRIGUEZ C	CASTRO 407 2225865	
Name o	of Person Area Code Daytime Telephone Numbe	г
Enclosed is a check for the	the following amount:	
■ \$25.00 Filing Fee	(additional cupy is enclosed) Certified	ite of Status &

Malling Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassec 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ELITE HANDYMAN CARE LLC

Page, 3 of 5

To:

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

(Name of the Lim	ited Liability Comps (A Florida Limited)	any as it now appears on our records.): Liability Company)
The Articles of Organization for this Limited 1 Florida document number 1.24000165165	Liability Company	were filed on 04/08/2024 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited Hab	ollity company here:
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2251 CHATHAM PLACE DR
(Principal office address MUST BE A STRE		ORLANDO, FL 32824
Enter new mailing address, if applicable:		2251 CHATHAM PLACE DRORLANDO, FL 32824
(Malling address MAY BE A POST OFFICE	<u>(BOX)</u>	ORLANDO, FL 32824
agent and/or the new registered office addre	ss here:	address on our records, enter the name of the new registered
Name of New Registered Agent:		IGUEZ CASTRO
New Registered Office Address:	2251 CHATHA	AM PLACE DR
	ORLANDO	Enter Florida street address
New Registered Agent's Signature, If changing	Registered Agent:	City Zip Code
I haveby assent the anneignment of anti-	!	

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
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	**	ORLANDO, FL 3.2824	≅Remove
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Typed or printed name of signee