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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	ALBERT SOTO HAND	YMAN SERVICES LLC			
SUBJECT.	Name of Lim	ited Liability Company			
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	ALBERTO J SOTO QUIRIELLO				
	184-197-18-18-18-18-18-18-18-18-18-18-18-18-18-	Name of Person			
	ALBERT SOT	O HANDYMAN SERVICES LL	2		
		Firm/Company			
	7735 LOTUS DR.				
	Address				
	p	ORT RICHEY, FL 34668			
		City/State and Zip Code			
	ALBE	RTOJSOTO17@GMAIL.COM			
	E-mail address: (to be used for future annual report no	tification)		
For further information co	oncerning this matter, please c	all:			
ALBERTO J SOTO			0718		
Name of	Person	Area Code Daytii	ne Telephone Number		
Enclosed is a check for th	e 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 So Division of Co The Centre of	rporations Tallahassee		
Tallahassee, FL 32314		2415 N. Monro	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it (A Florida Limited Liability			
The Articles of Organization for this Limited Liability Company were f Florida document number	iled on	08/06/2024	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability co	mpany he	<u>re</u> :	
SOTO FENCE ORNAMENTAL LLC			
The new name must be distinguishable and contain the words "Limited Liability Com	pany," the de	esignation "L.L.C" or th	e abbreviation L.L.C."
Enter new principal offices address, if applicable:			29 8 7
(Principal office address MUST BE A STREET ADDRESS)	···		C I
			SSS P
Enter new mailing address, if applicable:			EESTA 0
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here: Name of New Registered Agent:	s on our re	ecords, <u>enter the n</u>	ame of the new registered
New Registered Office Address:	Gatar Flore	ida street address	
	h'	Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•		,
I hereby accept the appointment as registered agent and agree to a provisions of all statutes relative to the proper and complete perfor accept the obligations of my position as registered agent as provide being filed to merely reflect a change in the registered office addre company has been notified in writing of this change.	mance of . ed for in C	my duties, and La Thapter 605, F.S. (m familiar with and Or, if this document is

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 Type of Action Name Address Title DbbA□_____ ______ □Remove _____ □Change _____ □Add _____ □Remove ______ □Change _____ □ Add _____ ©Remove ______ □ Change ______ □Remove ______ Change

□Remove

. If amend	ling any other information, enter change(s)	here: (Attach additional she	ets, if necessary.)
		-	
	<u> </u>		
		_	
		<u></u>	
		12/02/2021	
(If an effective Note: If the	date, if other than the date of filing: ive date is listed, the date must be specific and cannot be the date inserted in this block does not meet the ap it's effective date on the Department of State's reco	pplicable statutory filing require	(optional) 90 days after filing.) Pursuant to 605,0207 (3) ements, this date will not be listed as the
the record sp cord is filed.	pecifies a delayed effective date, but not an effecti	ve time, at 12:01 a.m. on the e	arlier of: (b) The 90th day after the
Dated	DECEMBER 2ND 2024	ı <u> </u>	
	Signature of a member or	authorized representative of a mer	nber
	ALBE	ERTO I SOTO	
		printed name of signee	

Filing Fee: \$25.00