

L24000443455

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

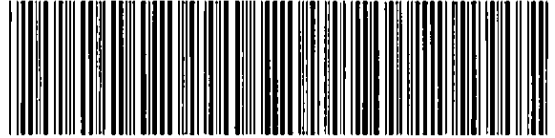
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 OCT 30 PM 1:30
CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALAIN HANDY SOLUTION LLC

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:

ALAIN GONZALEZ

Name of Person

ALAIN HANDY SOLUTION LLC

Firm/Company

3509 5TH ST SW

Address

LEHIGH ACRES, FL 33976

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALAIN GONZALEZ

239 478-2969

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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
Tallahassee, FL 32314

Street Address:

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

SECRETARY OF STATE
TALLAHASSEE, FL

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

ALAIN HANDY SOLUTION LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/17/2024 and assigned
Florida document number 1.2000443455.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NA

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

NA

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

NA

(Mailing address MAY BE A POST OFFICE BOX)

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:

ALAIN GONZALEZ

New Registered Office Address:

3509 5TH ST SW

Enter Florida street address

LEHIGH ACRES

City

Florida 33976

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

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FLORIDA

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>	<u>Type of Action</u>
AMBR	ALAIN GONZALEZ	3909 5TH ST SW	<input type="checkbox"/> Add
		LEHIGH ACRES, FL 33976	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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TALLAHASSEE, FL
STATE

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

DUE TO A TYPOGRAPHICAL ERROR THE TITLE IN THE REGISTERED AGENT NAME WAS WRITTEN
SR. THE SAME ERROR HAPPENED WITH THE (AUTHORIZED PERSON) AND
(MGR) PLEASE I NEED THIS ERROR BE CORRECTED.

ERROR : GONZALEZ ALAIN. SR

CORRECT NAME: GONZALEZ ALAIN

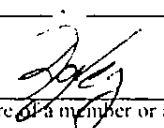
E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated OCTOBER 23 2024



Signature of a member or authorized representative of a member

ALAIN GONZALEZ

Typed or printed name of signee

2024 OCT 30 PM 1:30
DEPARTMENT OF STATE
TALLAHASSEE, FL

FILED

Filing Fee: \$25.00