5000019108

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	; #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nan	ne)		
(Do	ocument Number)			
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
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JAN - 4 2016

C LEWIS



December 10, 2015

DIEGO FERNANDO ALVAREZ QUNTERO LATINO HANDYMAN CORP 2208 ANTIGUA PL UNIDAD 915, MAIL BOX 187 KISSIMMEE, FL 34741 US

SUBJECT: LATINO HANDYMAN CORP

Ref. Number: P15000019108

We have received your document for LATINO HANDYMAN CORP and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 115A00025895

Carolyn Lewis Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: LATINO HANDY	MAN CORP.		
DOCUMENT NUN	P15000019108			
The enclosed Article	es of Amendment and fee are su	abmitted for filing.		
Please return all corn	respondence concerning this ma	tter to the following:		
	DIEGO FERNANDO ALVA	AREZ QUINTERO		
		Name of Contact Person		
	LATINO HANDYMAN CO	RP.		
		Firm/ Company		
2208 ANTIGUA PL, UNIT 915, MAIL BOX 187				
Address				
	KISSIMMEE, FL 34741	1100		
		City/ State and Zip Code		
	E-mail address: (to be u	sed for future annual report	notification)	
For further informati	on concerning this matter, please	se call:		
DIEGO FERNAND	O ALVAREZ QUINTERO	at (954	857-9190	
Name	e of Contact Person	Area Code & Daytime Telephone Numbe		
Enclosed is a check	for the following amount made	payable to the Florida Depa	rtment of State:	
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations		Street Address Amendment Section Division of Corporations		
	O. Box 6327	Clifton Building		
Ta	Ilahassee, FL 32314	2661 Ex	secutive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

LATINO HANDYMAN CORP.

15 DEC 31 AM 11: 30

(<u>Name</u>	of Corporation as curren	ntly filed with the Florida Dept. of State)		
P15000019108				
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, thi	is Florida Profit Corporation adopts the following amendment(s) to		
A. If amending name, enter the new na	ame of the corporation:			
name must be distinguishable and con	nation "Corp," "Inc," or	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."		
B. Enter new principal office address.	if annlicable:	2208 ANTIGUA PLACE Unit 915 Mail Box 187		
(Principal office address MUST BE A S		KISSIMMEE FL 34741		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A		
D. If amending the registered agent an	nd/or registered office ad	dress in Florida, enter the name of the		
new registered agent and/or the new	w registered office addre	ss:		
Name of New Registered Agent	PATRICIA ORREGO			
	9844 BOCA GARDENS	CIR N		
	(Florida s	street address)		
New Registered Office Address:	BOCA RATON	, Florida 33496		
Herr Registeres Office Madress.		(City) (Zip Code)		
New Registered Agent's Signature, if c I hereby accept the appointment as registered.		nt: r with and accept the obligations of the position.		
A	tréces.	mero		
-//	Signature of New	Registered Agent, if changing		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	•
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	ALEXANDRA I.N. ROJAS	555 S. NORTH LAKE BL APT 31
Add			ALTAMONTE SPRINGS
X Remove			FL 32701
2) X Change	P	DIEGO FERNANDO ALVAREZ QU	2208 ANTIGUA PL, UNIT 915
Add			MAIL BOX 187
Remove			KISSSIMEE FL 34741
3) Change	v	PATRICIA ORREGO	9844 BOCA GARDENS CIR N
X Add			BOCA RATON
Remove			FL, 33496
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Demove			

(Attac	nending or adding addi ch additional sheets, if n	ecessary). (Be speci	fic)		
ATRIC	CIA ORREGO HAS TH	E 10% OF 1000 SHAF	RES OF THE CORPO	DRATION ISSUES	
			·····		
					
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.,					
<u>If an</u> <u>pro</u>	amendment provides to visions for implementing (if not applicable, indicated)	<u>ig the amendment if i</u>	assification, or canci not contained in the	amendment itself:	<u>s.</u>

· · · · · · · · · · · · · · · · · · ·	12/22/2015	
The date of each amendment(s)	adoption:	, if other than th
date this document was signed.		
	2/22/2015	
Effective date <u>if applicable</u> : _	(no more than 90 days after amendment file date)	
	(no more inan 90 days after amenament fite date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date w Department of State's records.	ill not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
The amendment(s) was/were a must be separately provided j	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
	ast for the amendment(s) was/were sufficient for approval	
by	"	ত ু ভূঠি
	(voting group)	Se State
action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	15 DEC 31 AMII: 30
action was not required.		30
12/22/20 Dated	15	
Signature	mu + AG	
selec	a director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court spinted fiduciary by that fiduciary)	
	DIEGO FERNANDO ALVAREZ QUINTERO	
	(Typed or printed name of person signing)	
	PRESIDENT.	
	(Title of person signing)	<u> </u>