P21000004529

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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02/25/21--01024--019 **52.50

SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF C	ORPORA	TION: Lugo's	Handyman Sen	ices Inc.
			4529	
		Amendment and fee are su		
Please return :	all correspo	ondence concerning this ma	tter to the following:	
	_	Jose 4	Name of Contact Person	1
	_		Firm/ Company	
	_	15062 May	Address	
	-	Naples, Fl 3	Address Address City/ State and Zip Code	<u> </u>
For further in!	_	E-mail address (to be us	86 (9) gmail. Co sed for future annual report	notification)
		•		_) <u>323 - 4034</u> le & Daytime Telephone Number
	Name of 0	Contact Person	Area Coo	le & Daytime Telephone Number
Enclosed is a	check for th	ne following amount made	payable to the Florida Depa	rtment of State:
□ \$35 Filing	g Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status
	Amend Divisio P.O. B	g Address Iment Section on of Corporations ox 6327 assec, FL 32314	Amend Divisio The Ce	Address ment Section n of Corporations entre of Tallahassee L Monroe Street, Suite 810

Tallahassec, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

Lugo's Hund	yman Sen poration as currently	ices inc	2021 FEB 25 PM	l I: 36
		filed with the Flo	SECRETARY III	STATE
P2100000 452	9		<u> </u>	E.F.
1)	Document Number of (Corporation (if kn	own)	
Pursuant to the provisions of section 607.1006, Fits Articles of Incorporation:	Florida Statutes, this Fl	orida Profit Corp	noration adopts the f	ollowing amendment(s) to
A. If amending name, enter the new name of	the corporation:			
				The new
name must be distinguishable and contain the wo "Inc.," or Co.," or the designation "Corp," "chartered," "professional association," or the	"Inc," or "Co". A			
B. Enter new principal office address, if appl (Principal office address MUST BE A STREET				
C. Enter new mailing address, if applicable:				
(Mailing address <u>MAY BE A POST OFFIC</u>	E BOX)			
			<u>.</u>	
D. If amending the registered agent and/or re		ss in Florida, ent	er the name of the	
new registered agent and/or the new register	tered office address:			
Name of New Registered Agent	Jose Lui	5 Lugo		
		0		
	(Florida stree	t address)		
New Registered Office Address:			, Florida	
New Registered Office Address.	(C	lity)	, 1 lorida	(Zip Code)
New Registered Agent's Signature, if changin	g Registered Agent:			
I hereby accept the appointment as registered ag	ent. I am familiar wii	th and accept the	obligations of the po	sition.
_	<i>.</i>			
- Ju	Signature of New Reg	2000 and 4 1 10		
	Signature of New Reg	isierea Agent, if c	rnanging	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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
I) Change	9	Jose Luis Lugo Jr	15062 Myole Tree O.
Add			Naples, 57 34/14
X Remove			
2) Change	^_	Jose Luis Lugo	15062 Maple Tree Or
_ X _ Add			Nodes, F1 34/14
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
()	
	-

•

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: 02/20/2021	
(no more than 90 days after an	vendment file date)
Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of direct action was not required.	ors without shareholder action and shareholder
The amendment(s) was/were adopted by the shareholders. The number of vo by the shareholders was/were sufficient for approval.	tes east for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting graust be separately provided for each voting group entitled to vote separately	
"The number of votes east for the amendment(s) was/were sufficient fo	r approval
by	
(voting group)	
Dated <u>02/202/</u> Signature (By a director, president or other officer – if director	
Signature	
(By a director, president or other officer – if director selected, by an incorporator – if in the hands of a reappointed fiduciary by that fiduciary)	s or officers have not been ceiver, trustee, or other court
(Typed or printed name of person	n signing)
(Title of person signing)	