

L25000057073

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ROMERO ROMERO & GARCIA ENTERPRISE INC
Account Number : I20230000084
Phone : (305)914-2419
Fax Number : (305)914-2419

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
S.A EXPERT HANDYMAN LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED
2025 FEB 14 AM 9:22
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
2025 FEB 14 PM 2:19
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help

K. SALY

FEB 17 2025

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **S.A EXPERT HANDYMAN 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:

SEBASTIAN ALVARADO URBINA

Name of Person

S.A EXPERT HANDYMAN LLC

Firm/Company

101 NW 67TH CT

Address

MIAMI, FL 33126

City/State and Zip Code

ALBARADO19821982@GMAIL.COM

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

For further information concerning this matter, please call:

SEBASTIAN ALVARADO URBINA

33126

786-343-9888

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S.A EXPERT HANDYMAN LLC

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

FILED

2025 FEB 14 PM 2:19

CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on January 31st 2025 and assigned
Florida document number L25000056028.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:S Alvarado Services LLC

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: _____

(Principal office address MUST BE A STREET ADDRESS) _____

Enter new mailing address, if applicable: _____

(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: _____New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
City 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

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

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E. Effective date, if other than the date of filing: January 31st, 2025 (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 02/13/2025

MBR

Sebastian Alvaredo

Signature of a member or authorized representative of a member

Sebastian Alvarado Urbina

Typed or printed name of signee

Filing Fee: \$25.00