L20000285431

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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	SERVI STAR HANDYMAN LLC					
SUBJECT.		Name of Lim	ited Liability Company			
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	n all correspo	ondence concerning this matter	to the following:			
		ODILUS SERVIUS				
		· · · · · · · · · · · · · · · · · · ·	Name of Person			
		SERVI STAR HANDYM	AN LLC			
			Firm/Company			
		313 NW 18TH PL				
			Address	<u> </u>		
		CAPE CORAL FL 33993				
			City/State and Zip Code			
		LDAMEUS@GMAIL.COM	v1			
		E-mail address: (to be used for future annual report no	tification)		
For further in	nformation c	oncerning this matter, please ca	all:			
ODILUS SE	ERVIUS		954 812-7650 at ()			
	Name of Person		Area Code Daytin	me Telephone Number		
Enclosed is a	a check for th	ne following amount:				
□ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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 So Division of Co The Centre of 2415 N. Monro Tallahassee, F	orporations Tallahassee oe Street, Suite 810			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SERVI STAR HANDYMAN 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 $\frac{09/11/2020}{}$ and assigned Florida document number L20000285431 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ODILUS SERVIUS	313 NW 18TH PL CAPE CORAL FL 33993	= Add
			□Remove
			□ Change
			🗆 Add
			□Remove
			□Change
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fective date, if other than effective date is listed, the	nan the date of fi date must be specific	iling: c and cannot be pri	ior to date of filing	or more than 90 day	optional) s after filing.) Pursuant	to 605.020
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record specifies a delayed is filed.	effective date, but	not an effective	e time, at 12:01	a.m. on the earlier	of: (b) The 90th da	y after th
NOVEMBER 24		2020				
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Filing Fee: \$25.00