L21 00000 8693

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
ified Copies	Certificates	of Status
ecial Instructions to	Filing Officer:	
	Office Use Onl	v



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SECRETARY OF STAT

3/12/21

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT:		DYMAN SERVICES		
SUBJECT.		Name of Lim	ited Liability Company	
The enclosed	I Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Robert Gebrail		
			Name of Person	
			Firm/Company	 _
		5207 60th Drive East	A Aldennia	
	Address Bradenton, FL 34203			
		Robert.Gebrail@hotmail.co	City/State and Zip Code	
		E-mail address: (to be used for future annual report not	ification)
For further i	nformation co	oncerning this matter, please ca	all:	
Robert Gebi	rail		941 9009575	
	Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is:	a check for th	e following amount:		
□ \$25,00 l	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)
Re	iling Addres gistration S	Section	<u>Street Address:</u> Registration Se	ection
		orporations	Division of Co	
). Box 632 Hahassee, f		The Centre of 2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

R&D HANDYMAN SERVICES, LLC

2021 JAN 27 PH 4: 57

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) SECRETARY OF STATE TALLAHASSEE, FI ___ and assigned rida document number ____1.21000008693 is amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: &R Furniture and Cabinets, LLC new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." ter new principal offices address, if applicable: incipal office address MUST BE A STREET ADDRESS) ter new mailing address, if applicable: ailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new registered nt and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

Registered Agent's Signature, if changing Registered Agent:

reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and vept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is a filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability pany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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

GR = Manager 1BR = Authorized Member

<u>le</u>	<u>Name</u>	Address	Type of Action
	 		
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
 -			
			□Remove
			□ Change
			□Remove
			Change
			□Add
		 	□Remove
			□Change

•	
	
ctive date, if of	ther than the date of filing: (optional)
effective date is lis	sted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02
	serted in this block does not meet the applicable statutory filing requirements, this date will not be listed at date on the Department of State's records.
	·
cord specifies a d	lelayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ad	<u></u> .
	
	(1)13()
	Signature of a member or authorized representative of a member