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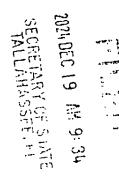
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Special Instructions to Filing Officer:





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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Sin	nott & Son Hand Name of Lim	ly man Services in ited Liability Company	LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Core	y Sinnott	SE 2024
	Sinnot	+ + Son Handyman	Services, Lector of the services, Unit 5
		Firm/Company	
	6 2 39	Address	, UNITY THE SE
	Jupi	Tev FL 33458 City/State and Zip Code	
	Corey	City/State and Zip Code 5 S innot 8 2 @gm to be used for future annual report noti	ail·com
For further information of	roncerning this matter, please c		neanony
Name (of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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	Street Address: Registration Se	
Division of C P.O. Box 632 Tallahassee,	.7 ·	Division of Cor The Centre of T 2415 N. Monro	•

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liab	illity Company as it now appears on our records.) ida Limited Liability Company)
(A Flori	ida Limited Liability Company)
The Articles of Organization for this Limited Liability	Company were filed on $\frac{2}{13}$ and assigned
Florida document numberL1300002293	<u>1</u>
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	mited liability company here:
SINNOTT AND SON EN	TERPRISES LLC SE
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the abbreviator "L.L.C"
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADL	ORESS)
	THE STATE OF THE S
	The state of the s
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	1 65 11
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, <u>enter the name of the new registe</u> ::
-	
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address,	Enter Florida street address
	Enter Florida street address
	Enter Florida street address , Florida

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
			□Add
			□Remove
			□Change
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ective date, if other than the date of filing: _			(o	ptional)		
effective date is listed, the date must be specific and came: If the date inserted in this block does not meet	not be prior to c the applicable	late of filing or me e statutory filin	ore than 90 days a g requirements.	fter filing.) Pe this date wil	irsuant te Il not be	605.02 : listed :
ument's effective date on the Department of State		ŕ				
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cord specifies a delayed effective date, but not an o s filed.	me time	, at 12:01 a.m.	on the earmer of	: (b) The 9	oin day	anerm
ed 12/11 . 3	2024					
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