

1140000 94476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

A. RIVERS

DEC - 6 2021



900376734579

11/18/21--01010--015 \*\$25.00

FILED  
2021 NOV 18 AM 8:36  
SECRETARY OF STATE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: B + S Handyman + Lawncare 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:

Patrina Lowe  
Name of Person

B + S Handyman + Lawncare LLC  
Firm/Company

49 Horseshoe Trail / P.O. Box 983  
Address

Crawfordville, FL 32327 / Crawfordville FL 32326  
City/State and Zip Code

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

For further information concerning this matter, please call:

Patrina Lowe at ( 850 ) 294-1796  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

(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 \_\_\_\_\_ and assigned  
Florida document number L14.000094476.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

B & S Handyman + Lawn care 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)

49 Horseshoe Trail  
Crawfordville FL 32327

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 983  
Crawfordville FL 32326

**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:

Patrina Lowe

New Registered Office Address:

49 Horseshoe Trail

Enter Florida street address

Crawfordville

City

Florida

Zip Code

2021 NOV 18 AM 8:27  
CLERK OF DISTRICT COURT  
STATE OF FLORIDA

FILED

**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 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>
CEO	Tyrig Sims	49 Horse Shoe Tr.	<input type="checkbox"/> Add
		Crawfordville, FL, 32326	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Patrina Lowe		<input checked="" type="checkbox"/> Add
		49 Horseshoe Trail	<input type="checkbox"/> Remove
		Crawfordville, FL, 32327	<input type="checkbox"/> Change
AR	Destanee Lowe		<input checked="" type="checkbox"/> Add
		49 Horseshoe Trail	<input type="checkbox"/> Remove
		Crawfordville, FL, 32327	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

I, Patrina Lowe, went to the bank on 11-15-21 to have my daughter (Destanee Lowe) added to my business checking account so that she can have a debit ~~card~~ card because we work in different places a lot of the time. I was informed by my bank (TSUCU) that I could not because the Sunbiz had my business name changed + me removed from my company. Tyriq Sims done this, added himself (I assume this is a man) as CEO + changed my business name + addresses on file. I am the OWNER and everything else w/ this business, as I opened + operate all aspects of this business. I would like my information updated + my daughter added as listed on the previous sheet. I do NOT want anyone to be able to change anything w/ my business but myself. Please contact me if you need anything else or more questions answered. If possible I would like to press charges against this person, Tyriq Sims. I do not know what other info he may have other than my home address. I will not sale this business. (850-294-1716)

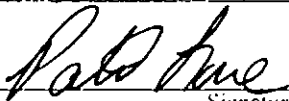
E. Effective date, if other than the date of filing: 11-15-21 (optional)

(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 November 15, 2021



Signature of a member or authorized representative of a member

Patrina Lowe

Typed or printed name of signee