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K.SALY EXAMINER MAY 28 2015

COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJE	ct: Day	Herles Ho Name of Limi	andy man LCC ted Liability Company	*
The enc	losed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please r	eturn all correspon	dence concerning this matter t	to the following:	
		Dan He	Name of Person	
		Dan Heel	ep Handyman	LL
		3 syyo ha	16 Unity Rd Address	
		Fruitland	Paule FL 3473 City/State and Zip Code	1
		Oh handy y E-mail address: (t	non LLCOmai o be used for future annual report notificat	1. Comion)
For furt	her information co	ncerning this matter, please ca	И:	
D	Name of	Person	at (257) 255 Area Code Daytime Te	SU27 Jephone Number
Enclose	d 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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

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2015 MAY	/9	Div	
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J WELAHA 9	SÉE,	FIE	ATT.

Zip Code

San Hesle o Handyman LC 51,0,000 PM 3:50
(Name of the Limited Liability Company as it now appears on our records.) IALLAHASSEE, FLORIDA
The Articles of Organization for this Limited Liability Company were filed on Nov. 12, 2019 and assigned
Florida document number 14 000 17 60/6
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
DAN HEZLEP SEVICES 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

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.

City

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 **Type of Action** Title Name **Address** Probert Oliver 35440 hallellnity Road - Add ☐ Change **3**∼Add ☐ Remove ☐ Change DAdd € _□ Change ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove

☐ Change

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iffective date, if oth an effective date is liste Note: If the date insective of	d, the date must be sprted in this block d	ecific and cannot b oes not meet the	e prior to date of fi applicable statut	ling or more than 90 d	(optional) lays after filing.) Pents, this date wi	arsuant to 605.020 Il not be listed a
e record specifie: The 90th day af			ut not an effe	ctive time, at 1	.2:01 a.m. on	the earlier of
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Page 3 of 3

Filing Fee: \$25.00