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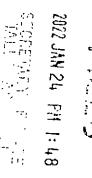
(Requestor's	Name)
(Address)	
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COVER LETTER

Division of Corpor	ations			
SUBJECT: All U	Need Handy	Man Services U	<u> </u>	
	Name of Limi	пец Паотпу Сотралу		
The enclosed Articles of Am	endment and fee(s) are sub-	mitted for filing.		
Please return all corresponde	nce concerning this matter	to the following:		
	<u>Carmi</u>	en Gonzalez Name of Person	 	
	All U Nee	d Handyman ()C	nies UC	
	115 Rane	dia Drive Address		
	<u>Drlando</u>	City/State and Zip Code		
		City/State and Zip Code	•	
-	anunee	edhandyman 2015 6 to be used for future annual report notif	yahoo.com	
	n-maii adgress: (t	to be used for future annual report notif	ication)	
For further information conc	erning this matter, please ca	all:		
Carmen E	Jonzalez rson	at (<u>407</u>) <u>536 -</u> Area Code Daytime	1126 Telephone Number	
Enclosed is a check for the fo	ollowing amount:		2 JAN 2	
☑ \$25.00 Filing Fee [□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section of Status & Certificate of Status & Certified Copy (additional copy is enclosed)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

Mailing Address:

• •

Registration Section

TO:

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

All Unled Handyman Services LCC

(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 7102015 and assigned Florida document number 15000119416

This amendment is submitted to amend the following:

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

All Unled Renovations UC

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)

Or land of FL 32807

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	
	Clarida	

Ciņ

Zıp Code

New Registered Agent's Signature, if changing Registered Agent:

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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
			□Add
			□Remove
			Change
			□ Add
		<u> </u>	□Remove
		-	
			□Add
			□ Remove
			□Add
			□Remove
			Change
			□Add
			□Remove
		~···	□Change
			□ Add
			□Remove
			□ Change

If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an e	tive date, if other than the date of filing:
he reco	ord 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 filed.
Dated	January 19 . 2022
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Filing Fee: \$25.00