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COVER LETTER

That Guy F	landyman Service, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	David F Del Buono		
		Name of Person	
	That Guy Handyman Serv	ice, LLC	
		Firm/Company	
	2335 Sheli Ave		
		Address	
	Indialantic. FL 32903		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
David F. Del Buono		321 213-7463 at ()	
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 Filing Fee	S30.00 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

TO:

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

That Guy Handyman Service, LLC		
(<u>Name of the Limited Liah</u> (A Flori	ility Company as it now appears on our recorda Limited Liability Company)	<u>rds.</u>)
The Articles of Organization for this Limited Liability	Company were filed on June 7, 2016	and assigned
Florida document number L16000109665	<u></u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		ds, enter the name of the ne
Name of New Registered Agent:		7 3 111
New Registered Office Address:	Enter Florida street addre	[o] → [o]
		7. 9
	, F	lorida Zip Code

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>	Address	Type of Action
MGR	Janice A Del Buono		
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fective date, if other than the an effective date is listed, the date must ote: If the date inserted in this biocument's effective date on the D	ock does not meet the ap	plicable statutory filir	nore than 90 days after f	iling.) Pursuar	nt to 605.02 : be listed :
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ated July 12	, 2017	·			
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X	Signature of a member or	authorized representative	e of a member		

Page 3 of 3

Filing Fee: \$25.00