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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PEOPLES CHOICE REMODELING, 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:

Rosalyn Martinez
Name of Person

Rcm Tax and Accounting
Firm/Company

5027 S. US HWY 17/92
Address

Casselberry, FL 32707
City/State and Zip Code

rosaly@rcmtaxacct.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rosalyn Martinez at (386) 479-0356
Name of Person Area Code Daytime Telephone Number

Enclosed 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 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**

PEOPLES CHOICE HANDYMAN LLC

(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 8/12/2011 and assigned Florida document number 216000151060.

This amendment is submitted to amend the following:

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

PEOPLES CHOICE REMODELING 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 _____
City 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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	S. Lampkin Group, LLC	485 Dsa Dr Davenport, FL 33837	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<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.)*

[illegible]

E. Effective date, if other than the date of filing: 3/29/2024 (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,

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 March 29, 2024

C Robinson

Signature of a member or authorized representative of a member

Clinton Robinson

Typed or printed name of signee

For calendar year **2023** or tax year beginning **2023**, ending **20**

A S election effective date 08/12/2016	TYPE OR PRINT	Name PEOPLES CHOICE REMODELING LLC Number, street, and room or suite no. If a P.O. box, see instructions. 34050 ALAMEDA DR City or town, state or province, country, and ZIP or foreign postal code SORRENTO, FL 32776	D Employer identification number 47-5411700 E Date incorporated 08/12/2016 F Total assets (see instructions) \$
B Business activity code number (see instructions) 561790			
C Check if Sch. M-3 attached <input type="checkbox"/>			

G Is the corporation electing to be an S corporation beginning with this tax year? See instructions. ☐ Yes ☐ No

H Check if: (1) ☐ Final return (2) ☐ Name change (3) ☐ Address change (4) ☐ Amended return (5) ☐ S election termination

I Enter the number of shareholders who were shareholders during any part of the tax year. **1**

J Check if corporation: (1) ☐ Aggregated activities for section 465 at-risk purposes (2) ☐ Grouped activities for section 469 passive activity purp

Caution: Include only trade or business income and expenses on lines 1a through 22. See the instructions for more information.

Income	1 a Gross receipts or sales 181,190	b Less Returns and allowances	c Balance	1c	181,19
	2 Cost of goods sold (attach Form 1125-A)			2	
	3 Gross profit. Subtract line 2 from line 1c			3	181,19
	4 Net gain (loss) from Form 4797, line 17 (attach Form 4797)			4	
	5 Other income (loss) (see instructions - attach statement)			5	
	6 Total income (loss). Add lines 3 through 5			6	181,19
Deductions (see instructions for limitations)	7 Compensation of officers (see instructions - attach Form 1125-E)			7	
	8 Salaries and wages (less employment credits)			8	
	9 Repairs and maintenance			9	
	10 Bad debts			10	
	11 Rents			11	
	12 Taxes and licenses			12	
	13 Interest (see instructions)			13	
	14 Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)			14	
	15 Depletion (Do not deduct oil and gas depletion.)			15	
	16 Advertising			16	
	17 Pension, profit-sharing, etc., plans			17	
	18 Employee benefit programs			18	
	19 Energy efficient commercial buildings deduction (attach Form 7205)			19	
	20 Other deductions (attach statement)			20	147,18
	21 Total deductions. Add lines 7 through 20			21	147,18
	22 Ordinary business income (loss). Subtract line 21 from line 6			22	34,00
Tax and Payments	23 a Excess net passive income or LIFO recapture tax (see instructions)	23a		23c	
	b Tax from Schedule D (Form 1120-S)	23b			
	c Add lines 23a and 23b (see instructions for additional taxes)				
	24 a Current year's estimated tax payments and preceding year's overpayment credited to the current year	24a		24z	
	b Tax deposited with Form 7004	24b			
	c Credit for federal tax paid on fuels (attach Form 4136)	24c			
	d Elective payment election amount from Form 3800	24d			
	z Add lines 24a through 24d				
	25 Estimated tax penalty (see instructions). Check if Form 2220 is attached. <input type="checkbox"/>			25	
	26 Amount owed. If line 24z is smaller than the total of lines 23c and 25, enter amount owed.			26	
27 Overpayment. If line 24z is larger than the total of lines 23c and 25, enter amount overpaid.			27		
28 Enter amount from line 27: Credited to 2024 estimated tax Refunded			28		

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

May the IRS discuss this return with the preparer shown below? See instructions ☒ Yes ☐ No

Signature of officer _____ Date _____ Title _____

Paid Preparer Use Only	Print/Type preparer's name Rosaly Martinez	Preparer's signature Rosaly Martinez	Date 03/29/2024	Check <input type="checkbox"/> if self-employed	PTIN P0101831
	Firm's name RCM Tax and Accounting	Firm's EIN 93-4103422		Phone no (407) 747-7337	
	Firm's address 5027 S US HWY 17-92, CASSELBERRY, FL 32707				

For Paperwork Reduction Act Notice, see separate instructions.