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## **COVER LETTER**

TO:

Tallahassee, FL 32314

Premier Ha	andyman and Renovation Soluti	ons LLC	
SUBJECT:	Name of the		
	Name of Limi	ted 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:	
	Lori Peterson		
Division of Corporations Premier Handyman and Renovation Solutions LLC  UBJECT:			
	Premier Handyman and Re	novation Solutions LLC	
	Premier Handyman and Renovation Solutions LLC  T: Name of Limited Liability Company  seed Articles of Amendment and fee(s) are submitted for filing.  turn all correspondence concerning this matter to the following:  Lori Peterson    Name of Person		
	*·	Address	<del> </del>
	Orlando Florida 32832		
	premierhandy@gmail.com	City/State and Zip Code	<del></del>
	E-mail address: (t	o be used for future annual report not	ification)
For further information of	oncerning this matter, please ca	11:	
Lori Peterson		,	
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
<b>■ \$25.00</b> Filing Fee		Certified Copy	Certificate of Status & Certified Copy
_		_	
P.O. Box 632	-	The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.)  bility Company)
The Articles of Organization for this Limited Liability Company w Clorida document number	ere filed on March 2, 2017 and assigned
his amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited liabili	ty company here:
he new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	209
Principal office address MUST BE A STREET ADDRESS)	
Inter new mailing address, if applicable:	5 L
Mailing address MAY BE A POST OFFICE BOX)	<del></del>
3. If amending the registered agent and/or registered office adgent and/or the new registered office address here:	dress on our records, enter the name of the new regi
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	171∴J-
	, 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 ompany 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
AMBR	Lori Peterson	10524 Moss Park Rd Ste 204 #249 Orlando Florida 32832	
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ective date, if other than the date effective date is listed, the date must be	te of filing:specific and cannot be prior to date of filing or	(optional) more than 90 days after filing,) Pu	irsuant to 605.020
	does not meet the applicable statutory fili		
and the separation of the sepa	then or care of records.		
cord specifies a delayed effective da filed.	ite, but not an effective time, at 12:01 a.m	on the earlier of: (b) The 9	Oth day after the
November 13	2020		
ed Ori 1-	) Iterory		
	nature of a member or authorized representative		