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COVER LETTER

Division of Corporations THANK HEAVEN HANDYMAN SERVICES, LLC. SUBJECT: 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: SAINT BLANC Name of Person Firm/Company 3843 CREEK HOLLOW LN Address MIDDLEBURG, FL. 32068 City/State and Zip Code THANKHEAVEN@THHANDY.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SAINT BLANC 206-7511 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee ■ \$30.00 Filing Fcc & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee,

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314

Certificate of Status

TO:

Registration Section

STREET/COURIER ADDRESS:

Certificate of Status &

Certified Copy (additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THANK HEAVEN HANDYMAN SERVICES, 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 08/11/2017 and assigned Florida document number L17000171575 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: INEXT HOME IMPROVEMENTS LLC 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) 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

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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an effective date is listed, the date must be specific and cannot be prior to date of filing or ote: If the date inserted in this block does not meet the applicable statutory file	r more than 90 days after filing.) Pursuant to 60:	5.020 ed a:
ocument's effective date on the Department of State's records.	ing requirement, and the will not be in-	
e record specifies a delayed effective date, but not an effective The 90th day after the record is filed.	e time, at 12:01 a.m. on the earli	er c
OCTOBER 9 2023		

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Typed or printed name of signee

Filing Fee: \$25.00