

L17000194055

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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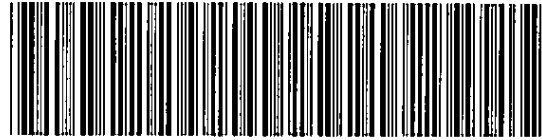
(Business Entity Name)

(Document Number)

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Amend
Name Chg.

JUL 24 2019

2019 JUL 15 PM 3:42
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Bryans Handyman and repair services L.L.C.
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:

Bryan Norkus
Name of Person

Norkus Solutions
Firm/Company

2419 Musselwhite Ave
Address

Orlando FL 32804
City/State and Zip Code

bryanshandyman7@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bryan Norkus at (857) 407-8242
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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Bryans Handyman and repair services L.L.C.
(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 September 19/2017 and assigned Florida document number L17000194055.

This amendment is submitted to amend the following:

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

Norhus Solutions L.L.C.
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)

2419 Musselwhite Ave
Orlando FL 32804

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2019 NOV 15 PM 4:12

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:

2419 Musselwhite Ave
Enter Florida street address

New Registered Office Address:

Orlando, Florida 32804
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 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

[illegible]

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(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)(b)

(b) The 90th day after the record is filed.

Dated July 12th, 2019.

BO

Signature of a member or authorized representative of a member

Bryan Norkus
Typed or printed

Typed or printed name of signee