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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Siesta Bay Reinedel and Handyman Services Lie	2
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:	
Jason Capozella Name of Person	
Siesta Bry Revnell and Hardyman Services LLC	
5618 10th Ave Dr. W	
Bradenton, F2. 34209 City/State and Zip Code	
E-mail address: (to be used for influre annual report notification)	
For further information concerning this matter, please call:	
Jasen Capozella at (941) 914-0802 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Solution Solution Status Solution Solution Status Solution Solutio	atus &
MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Siesta Bay Remoder and Hardyrum 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 Compan	w were filed on	9120120	71 7 and a	ssioned
_	y were med on _	11201-0	<u> </u>	
Florida document number <u>L1700019497</u>].				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company l	nere:		
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the	designation "LLC" or	the abbreviation "	1L.C."
Enter new principal offices address, if applicable:				<u>-</u>
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:		_		
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	·
			` ∏e	
B. If amending the registered agent and/or registered	office address o	on our records, <u>e</u>	nter the name	e of the new
registered agent and/or the new registered office address he	<u>:re</u> :		7.	
			`. &	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Fl	orida street address	• • •	
		Floric	da	
	City		Zip Cod	t'
Now Registered Agent's Signature if changing Registered Agen				

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	Jason Capozella	5618 10th Are Dr. W Bradenton, FL. 34209	E Add
		Bradenton, FL. 34209	Remove
			Change
			Add
			Remove
			Change
AP	Dominic Wood	5618 10th Ave Dr. W	🗖 Add
		Bradenton, FL. 34209	P Remove
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iment's effective date on the Department of St		tatatory ming require	ments, and date with he	
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Filing Fee: \$25.00