

L17000240521

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

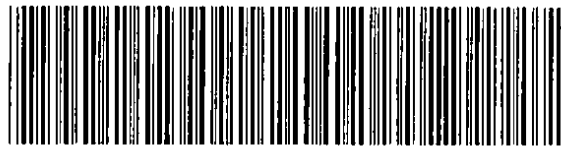
(Business Entity Name)

(Document Number)

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6/25/23

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: Ron Staack Lawn and Handyman Service, 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:

Ronald Staack
Name of Person

Firm/Company

1465 Crest Dr
Address

Englewood, FL 34223
City/State and Zip Code

R.Staack@excite.net
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Michael Stuhmer
Name of Person

941 402-0782
at () 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**

Ron Staaxk Lawn and Handyman Service, 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 11/15/2017 and assigned
Florida document number L17000240521.

This amendment is submitted to amend the following:

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

S&S of All Trades, 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:

Michael Stuhmer

(Principal office address MUST BE A STREET ADDRESS)

8461 Chesapeake Dr

North Port, Fl 34291

Enter new mailing address, if applicable:

8461 Chesapeake Dr.

(Mailing address MAY BE A POST OFFICE BOX)

North Port, Fl34291

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:

Michael Stuhmer

New Registered Office Address:

8461 Chesapeake Dr

Enter Florida street address

North Port

City

Florida 34291

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Ronald Staack	1465 Crest Dr Englewood, Fl 34223	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	Michael Stuhmer	8461 Chesapeake Dr., North Port Fl 34291	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	Zachery Staack	5524 Kumquat Ave. North Port, Fl 34291	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

DEPARTMENT OF STATE
 TALLAHASSEE, FL
 7:00 PM
 36

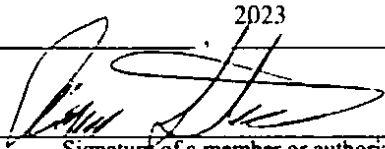
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information. A stamp is visible on the right side of the lines, oriented vertically, reading: 'RECEIVED' at the top, '2173' below it, '25 PM 7:36' below that, and 'DEPT OF STATE MISSISSIPPI' at the bottom.

E. Effective date, if other than the date of filing: 07/15/2023 (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)(b)
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 July 15 2023



Signature of a member or authorized representative of a member

Ronald Staack

Typed or printed name of signee