L180000377-20

(Requestor's Name)
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COVER LETTER

TO: I	Registration Sec Division of Corp	ction porations			
SUBJEC*		ly Handyman Services LLC			·
SOME		Name of Limited Liability Company			
		Amendment and fee(s) are sub	-		
		David Adams			
			Name of Person		
Adamsfamily Handyman Services LLC.					
Firm/Company					
	6029 Sandhill Ridge Dr				
			Address		
		Lithia FL 33547			
		adams family hard	City/State and Zip Code yman 80 Gmail. Com to be used for future annual report notific	ation)	2021
For furthe	r information co	oncerning this matter, please c	·	,	2024 JAN 31 SECLL //
David Ad	ams		813 351-0737		
	Name of	Person		Telephone Number	AM 9: 30
Enclosed	is a check for the	e following amount:			177 9
■ \$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
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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

Adamsfamily Handyman Service LLC.		
(<u>Name of the Limited Li</u> (A Fl	ability Company as it now appears on our i orida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liabili		, 2018 and assigned
Florida document number L18000037720	·	
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
Adams Family Handyman & RV Repair LLC.		
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 A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	o ·	. 2
		P
B. If amending the registered agent and/or registered		enter the name of the new registere
agent and/or the new registered office address he	<u>rre</u> :	
		11.0 6
Name of New Registered Agent:		
New Registered Office Address:		m w
	Enter Florida street	address
		. Florida
_	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 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>	Name	Address	Type of Action
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			☐ Change
··-			□Add
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