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SECRETARY OF STATE:
TALLAHASSEE, FLORIDA

COVER LETTER

	egistration Se ivision of Cor	
SUBJECT		lyman Services
SUBJECT	`i	Name of Limited Liability Company
The enclos	ed Articles of	Amendment and fee(s) are submitted for filing.
Please retu	rn all correspo	ndence concerning this matter to the following:
		Brian Purcell
		Name of Person
		Ohana Handyman Services
		Firm/Company
		7836 Brsitol Park Drive
		Address
		Apollo Beach, Florida 33572
		City/State and Zip Code
		Theohanahandyman@gmail.com
		E-mail address: (to be used for future annual report notification)
For further	information co	oncerning this matter, please call:
Brian Purc	ell	813 382-3467
	Name of	Person Area Code Daytime Telephone Number
Enclosed is	a check for th	e following amount:
\$25.00	Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ohana Handyman Services LLC		
(<u>Name of the Limited L</u> (A F	<u>lability Company as it now appears on our records.</u>) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabil	lity Company were filed on 2/19/2018 and assigne	ed
Florida document number L18000043521	·	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the abbreviation "E.C."	SEC
Enter new principal offices address, if applicable	:	웃유
(Principal office address MUST BE A STREET A		ASRY ASRY
		<u> </u>
	ි. ගු)
Enter new mailing address, if applicable:	<u></u>	PA A
(Mailing address MAY BE A POST OFFICE BO)	<u>x)</u>	>
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>enter the name of t</u> address here:	he_new
Name of New Registered Agent:	·	
New Registered Office Address:		<u> </u>
	Enter Florida street address	
_		····
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Edward L Purcell	216 Twins Lake Drive	□ Add
		New Market, Alabama 35761	■ Remove
			☐ Change
			□ Add
		<u></u>	□ Remove
			☐ Change
			
			Remove
			Change
			Remove
			Change
			□ Add
			□ Remove
		<u> </u>	
			□ Remove
			□ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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f an ci Note:	ive date, if other than the date of filing:	605.02 listed	07 (3)(t as the
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear 90th day after the record is filed.	rlier	of:
Dated			
	B. Pun		
	Signature of a member or authorized representative of a member	-	

Page 3 of 3

Filing Fee: \$25.00