118000230429

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	





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01/06/22--01013--026 **25.00



A. BUTLER JAN 25 2022

COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations		
	andyman services LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The evaluated Assistance	Amendment and fee(s) are sub	mitted for filing	
Please return all correspo	ondence concerning this matter	to the following:	
	Marcia Richardson		
		Name of Person	
	Charlery Handyman Service	ces	
		Firm/Company	
	7628 Tem dr		
		Address	
	Orlando "Fl 32822		
		City/State and Zip Code	
	Charleryshandyman@hotm		_
	E-mail address: (to be used for future annual report not	dication)
For further information of	concerning this matter, please of	all:	
Marcia Richardson		321 460 4735 at ()	
Name o	of Person	Area Code Daytin	ne Telephone Number
5 1 1: 1 1A .	L 6.11.		
Enclosed is a check for t	_		-
□ \$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 Addres		Street Address:	
Registration Section		Registration Section	
Division of C		Division of Co	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ì

Charlerys Handyman services LLC		
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appear la Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Liability (Company were filed on 9/2	8/2018 FI and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the lim	nited liability company he	<u>re</u> :
Charlery Renovation services LLC		
he new name must be distinguishable and contain the words "Lin	nited Liability Company," the do	signation "LLC" or the abbreviation "LLC."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDI	RESS)	
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or registered gent and/or the new registered office address here:	d office address on our re	cords, <u>enter the name of the new registe</u>
Name of New Registered Agent:	·	
New Registered Office Address:		
	Enter Flori	da street address
<u> </u>		, 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>	<u>Name</u>	Address	Type of Action
mgr	Marcia E. Richardson	7628 Tern drive	■Add
		Orkando FL 32822	□Remove
	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		□ Change
ambr	Edward charlery	7628 Tem Drive	■ Add
		Orlando, Fl 32822	□Remove
			
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□ Add
			□Remove
			☐ Change
			□Add
			□Remove

Dated Signature of a member or authorized representative of a member	ffective date, if other than the date of filing: melfective 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 lote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as occurrent's effective date on the Department of State's records. 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 list filed.					
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Filing Fee: \$25.00