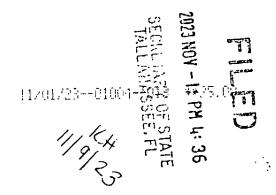
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Office Use Only



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COVER LETTER

TO:	Registration Sec Division of Corp		ير ب	•		
our m		ander Handyman Services LLC				
SUBJEC	Name of Limited Liability Company					
		Amendment and fee(s) are subr				
Please re	eturn all correspon	ndence concerning this matter t	to the following:			
		James Alexander				
			Name of Person		-	
			Firm/Company		-	
		345 N Railroad St			202	
			Address	<u> </u>	3 80	11
		Monticello, FL 32344			2023 NOV -1	9
		mopar4me74@gmail.com	City/State and Zip Code		PM L	
			to be used for future annual report notifica	ition)	PH 4: 36	<i>(*</i> *)
		oncerning this matter, please ca				
James A	Alexander		517 819-4264 at ()			
	Name o	f Person	Area Code Daytime T	elephone Numbe	r	
Enclose	d is a check for th	ne following amount:				
≯ \$25	0.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &	
	Mailing Address Registration S		<u>Street Address:</u> Registration Secti	on		

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

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

Glenn Alexander Handyman Services I			
(Name of the Limited I	Liability Compa Florida Limited I	ny as it now appears on our recon liability Company)	rd <u>s.</u>)
The Articles of Organization for this Limited Liabi	ility Company	were filed on	and assigned
This amendment is submitted to amend the following	ing:		
A. If amending name, enter the new name of th	e limited liab	ility company here:	
The new name must be distinguishable and contain the word	ls "Limited Liabi	lity Company," the designation "LI	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab		James Alexander	2023 SE
(Principal office address MUST BE A STREET A		345 N Railroad St.	7 6
(Principal office address MOST BEATOTICEST TO SEE		Monticello, FL 32344	
Enter new mailing address, if applicable:			PA H. 33
(Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>		m
B. If amending the registered agent and/or reg agent and/or the new registered office address	istered office <u>here</u> :	address on our records, <u>ent</u>	er the name of the new registered
Name of New Registered Agent:	James Alexand	ler	
New Registered Office Address:	345 N Railroad		
		Enter Florida street add	
	Monticello		Florida 32344 Zip Code
		City	гір Соае

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

Title	<u>Name</u>	Address	Type of Action
MGR	James Alexander	1025 S Diamond rd	■Add
		Mason, MI 32344	□Remove
			☐ Change
AMBR	Lori Alexander	1995 N 6th St.	= Add
		Kalamazoo. MI 49009	□ Remove
			Change 23
			- Remove T
			☐ Change
			Remove
			☐ Change
			□Add
			□Remove
			Change
			∏Change

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				-		36

Filing Fee: \$25.00