L19 000055750

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FILED 2021 JAN 19 AM II: 26

2/23/21

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration So Division of Cor		
SUBJECT: HO	Name of Limi	The Job LLC ted Liability Company
The enclosed Articles of	Amendment and fec(s) are subr	nitted for filing.
Please return all correspo	ondence concerning this matter t	to the following:
	Samar	Atha LINO Name of Person
	Handy ma	an For The Job UC Firm/Company
	13605 W	Nere View Dr Address
	odessa	FL 33556
	Shoreling E-mail address: (1	FL 33556 City/State and Zip Code e SOFTWASH & MAIL (OM) o be used for future annual report notification)
For further information of	concerning this matter, please ca	
Saman	HA LIND	at (813) 420-0521 Area Code Daytime Telephone Number
Name C	or retson	Area Code Dayinic Telephone Pulnoci
Enclosed is a check for t	he following amount:	
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre	Section	Street Address: Registration Section
Division of C P.O. Box 632		Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 2) 26 Florida document number <u>L19000055750</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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
			□Add
			□Remove
			Change
			□Add
			□Remove
			202 DAdd Flower Remove
			Remove
			No
	-		□Remove
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effective date is listed, the date must be specific and cannot be prior to date of filing te: If the date inserted in this block does not meet the applicable statutory ument's effective date on the Department of State's records.	
·	
cord specifies a delayed effective date, but not an effective time, at 12:01 s filed.	a.m. on the earlier of: (b) The 90th day after th
ed January 13, 2021.	
Signature of a member or authorized representation	ntative of a member
Signality of a member of all normed references	