L19000214791

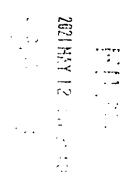
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COVER LETTER

Tallahassee, FL 32314

TO: Registration Se Division of Cor				
SUBJECT: Frank	din's Handuman	Service: LLC		
	None of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Michelle San	chez Forsman Name of Person		
		Firm/Company		292
	2249 Lemus	re Dr. Address	:	2921 HAY 12
	Navarre, FL	32566 City/State and Zip Code	 .	
		City/State and Zip Code AMAN SCOVICE Q AMA The used for future annual report noti	fication)	î c
For further information c	oncerning this matter, please co	all:		
		at (<u>\$50</u>) 543 - 35		
Name o	f Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for the	he following amount:			
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
Mailing Address		Street Address:	ation	
Registration S Division of C		Registration Sec Division of Cor		
P.O. Box 632		The Centre of T	-	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fraklin's Handung Service I C

(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Liability Company were filed on Articles document number L1900214791.	roust 22, 2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company her	
Franklin's Remodeling LLC The new name must be distinguishable and contain the words "Limited Liability Company." the de	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	(23)
(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 reagent and/or the new registered office address here:	cords, <u>enter the name of the new register</u>

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

_. Florida ___

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
			☐ □Remove
			— Change
			☐ Change
			□Remove
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ctive date, if other than the date of filing:effective date is listed, the date must be specific and cannot get If the date inserted in this block does not meet ament's effective date on the Department of State	the applicable stat	f filing or more than 90 autory filing requiren	(optional) days after filing.) tents, this date v	Pursuant to 605.02 will not be listed :
cord specifies a delayed effective date, but not an effled.	effective time, at 1	2:01 a.m. on the earl	ier of: (b) The	90th day after th
Mulelle Sanchez Michelle Sanchez Typ	·			