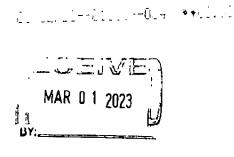
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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
MAR 0 1 2023	

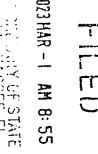
Office Use Only



900403189679



5/1/23 V.LM



COVER LETTER

TO: Registration Division of C	Corporations
SUBJECT:	SHAW The Handyman Lh!
	Name of Limited Liability Company
The enclosed Articles	of Amendment and fec(s) are submitted for filing.
Please return all corre	spondence concerning this matter to the following:
	Sean Russe M Name of Person
	Firm/Company
	5644 Beuis Rd
	BASCOM F1 32423 City/State and Zip Code
	5 [. Godworks & Jahon, Com E-mail address: (to be used for future annual report notification)
For further informatio	n concerning this matter, please call:
Nam	an Russell at (850) 209-6593 e of Person Daytime Telephone Number
Enclosed is a check fo	r the 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) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
√ <u>Mailing Add</u> Registratio	
	Corporations 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

The Articles of Organization for this Limited Liability Company were filed on 09 Florida document number <u>L 19000 23802</u>5 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 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 one registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida

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.

City

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address Address	Type of Action
			Remove
			Change
			□Add
			Remove
			□Add
			□Remove
			□Remove
			□Remove
		(.)	
			□Remove

amending an	v other information, enter	cnange(s) nere: (A)	нист иштопит эт	ion, y necessary.)	
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an effective date lote: If the date	f other than the date of files listed, the date must be specific inserted in this block does notice date on the Department of	and cannot be prior to da of meet the applicable	nte of filing or more that statutory filing requ	(optional) n 90 days after filing.) Pu irements, this date wil	rsuant to 605.020° I not be listed as
record specifies	a delayed effective date, but	not an effective time,	at 12:01 a.m. on the	earlier of: (b) The 90	Oth day after the
is filed.	/ .		$\sqrt{}$		
ated _ 2	127/2023	1:12			
(_	den	2/Lusse		
	Signature 6	Fa member or authorize		,	
			Kusse	//	
		Typed or printed na	V V J J C	·	

Filing Fee: \$25.00