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COVER LETTER

TO: Registration S Division of Co		•	
	MITH HANDYMAN SERVIC	ES LLC	
SUBJECT:	Name of Lir	nited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	DAVID NAMENIUK, CF	PA, JD	
		Name of Person	
	TAXPROS OF CLERMO	NT LLC	
	1	Firm/Company	207
	3862 BEACON RIDGE V	VAY	2021 JUN - 1
		Address	
	CLERMONT, FL 34711		
		City/State and Zip Code	PH 2: 06
	DAVID.NAMENIUK.CPA		<u> </u>
For further information of	r-mail address:	(to be used for future annual report notifical):	ication)
DAVID T NAMENIUK	, CPA, JD	701 388-2228	
Name o	of Person		Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration 9		Street Address: Registration Sec	ction
Division of C	Corporations	Division of Con	
P.O. Box 632		The Centre of T	
Tallahassee,	FL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JAMES SMITH HANDYMAN SERVICES LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 12.4,2019 and assigned Florida document number 119000296770 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: JAMES SMITH HANDYMAN & PLUMBING LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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 _, 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 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
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fective date, if other than the date of filing:	(optional)	
in effective date is listed, the date must be specific and cannot be prior to date of filing or more to the listed in this block does not meet the applicable statutory filing received.	han 90 days after filing.) Pu	irsuant to 605.026
ocument'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	te earlier of (h). The Q	Oth day after th
is filed.	re currier or. (b)	our day arter in
MAY 25TH, 2021		
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James Superport a member or authorized representative of a		

Filing Fee: \$25.00