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Office Use Only



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Amend

MAY 2 1 2020 I ALBRITTON

COVER LETTER

Division of Corpor	rations		
SUBJECT: Uniqu	e Touch Hand Name of Limit	Lyman Services L	LC
The enclosed Articles of An	nendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	2	C	
	ANNETTE	H. HOLVESS Name of Person	
	Unique Touc	h Handyman Ser	vices UC
	1717 Mason A	MApt#/320 Address	
	Daytona Be	ach F1, 32117 City/State and Zip Code	
	Glenhuness E-mail address: (1	6 Ogmail. Com	ication)
For further information cond	cerning this matter, please ca	all:	
Annette H. H.	aness	at (380) 675 Area Code Daytime	-5398 Telephone Number
•			
Enclosed is a check for the t	following amount:		
S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

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

Unique Touch !	landyman	Services L	<u>LC</u>				
Y (Name of the Limit	ed Liability Company as (A Florida Limited Liabili	ty Company)	recorus.)				
The Articles of Organization for this Limited Life Florida document number \(\subseteq \lambda \) \(\text{DOOD 340} \)		: filed on Janua	ary 17 202	and assigned			
,	_						
This amendment is submitted to amend the following	owing:						
A. If amending name, enter the new name of the limited liability company here:							
The new name must be distinguishable and contain the w	ords "Limited Liability Co	ompany," the designation	"LLC" or the abi	breviation "L.L.C."			
Enter new principal offices address, if applic	able:						
(Principal office address MUST BE A STREE	T ADDRESS)		:	2070			
				6. 1			
Enter new mailing address, if applicable:							
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>						
				- 5			
B. If amending the registered agent and/or ragent and/or the new registered office address	•	ess on our records, g	enter the name	e of the new registered			
	 И						
Name of New Registered Agent:	Hnn	ette H.Hi	dness				
New Registered Office Address:	1717 Mas	ON AVE APT	#1320 address				
	Daytora K	7 /	, Florida	32117 Zip Code			

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 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>	Name	Address	Type of Action
AMBR	ANNETTE H. HOUVESS	1717 Mason Ave Apt # 320 Daytora B	<u>d</u> □Add
			□Remove
			_ 12 Change
AMBR	GIEN D. HOLNESS	1717 Mason Ave Api#320. Najteralch	_ SZÁdd
			□Remove
			_ 🗹 Change
			□Add
			□Remove
			□Change
***************************************			□Add
		<u></u>	□Remove
			Change
<u></u>			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change

D. If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	I want Annette H. Holness to be change	
	from MGR too AMBR and Glen D. Honess too	be char
too	AMBR as well We are both owners of	
	Unique Touch Handyman Services LLC.	
	A	
(II an <u>Not</u>	ective date, if other than the date of filing: 100 100 100 100 (optional) effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605. te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ument's effective date on the Department of State's records.	
If the rec record is	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after s filed.	the
Date	ed April 3, 2020.	
	Annette H. Holneys Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	
	ANNETTE H. HOWESS Typed or printed name of signee	
	ryped or printed name or signee	