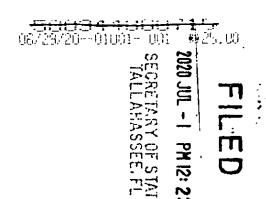
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Special Instructions to Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Registration S Division of Co			'
subject: <u>Ren</u> o	Name of Lim	HANDYMAN SERVICES ited Liability Company	, Luc.
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	RENOVO REN	Finn/Company	SEAVICES, LIC
	7070 CHATU	M LIGHT RUN Address	
	Beadenton Stefano E-mail address: (FL 34212 City/State and Zip Code SK35 Who core to be used for future annual report notifi	cation)
For further information			
ALEKSANDAR Name	STEF #NOSKI	at (<u>815</u>) <u>341 - Area Code</u> Daytime	6297 Telephone Number
nclosed is a check for t	the following amount:		
⅓\$25.00 Filing Fee	☐ \$30.00 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)
Mailing Addre Registration Division of O	Section	Street Address: Registration Sec Division of Corp	

P.O. Box 6327

Tallahassee, FL 32314

Tallahassee, FL 32303
RECEIVED

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

JUN 8 2020

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RENOVO REMODELING & HANDYMAN SERVICES, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lis	ability company here:
he new name must be distinguishable and contain the words "Limited Lia	ibility Company," the designation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	· · · · · · · · · · · · · · · · · · ·
	TAL
ster new mailing address, if applicable:	
ailing address MAY BE A POST OFFICE BOX	——————————————————————————————————————
If amending the registered agent and/or registered offic	e address on our records, enter the name of the new registere
<u>it and/or the new registered office address here:</u>	e address on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
egistered Agent's Signature, if changing Registered Agen	<u>ıt:</u>
ons of all statutes relative to the proper and comple	gree to act in this capacity. I further agree to comply with the te performance of my duties, and I am familiar with and is provided for in Chapter 605, F.S. Or, if this document is

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
AMBR	ELENA STEFANOSKI	7070 CHATUM LIGHT RUN	□ Ādd
		BRADENTON, FL 34212	⊠Remove
			□ Change
4MBR	ALEKSANDAR STEFANOSKI	7070 CHATUM LIGHT RUN	⊟Add
		BEADENTON, FL 34212	Remove
			□Change
			SECRETAL SECRETAL
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	cifies a delaye	ed effective date	e, but not	an effe	etive tin	nc, at 12:	01 a.m. o	n the carli	er of: (b)	The 90)th day	after the
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