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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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4/5/23 V·W

COVER LETTER

TO: Registration So Division of Cor				
Perdido Ha	ndyman & Electrical Services,	LLC		
SUBJECT:	Name of Lin	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filling.		
Please return all correspo	ondence concerning this matter	to the following:		
	Melissa Corduan			
		Name of Person		
	Perdido Electrical Services	s, LLC		
Firm/Company				
	2552 Tarkiln Oaks Dr			
	-	Address		
	Pensacola, FL. 32506			
		City/State and Zip Code		
	MelissaCorduan@gmail.co			
For further information of	e-mail address: (to be used for future annual report no all:	mication)	
Melissa Corduan		850 791-8303		
Name o	of Person		me Telephone Number	
Enclosed is a check for the	he following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Fiting Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address		Street Address:	ection	
Registration S Division of C		Registration S Division of Co		
P.O. Box 632	27	The Centre of	Tallahassee	
Tallahassee,	FL 32314	2415 N. Monr	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Perdido Handyman & Electrical Se			
(Name of the Limi	ted Liability Company as it (A Florida Limited Liability)	now appears on our recor Company)	rds.)
The Articles of Organization for this Limited L	iability Company were fi	led on July 8, 2020	and assigned
Florida document number L20000195098	·		
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	of the limited liability co	mpany here:	
Perdido Electrical Services, LLC			
The new name must be distinguishable and contain the	vords "Limited Liability Comp	pany," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
			- 2
			23 F
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·	
(Mailing address MAY BE A POST OFFICE	BOX)	· · · · · · · · · · · · · · · · · · ·	تا لل تِنْ تِ
			SSC A M
			□
B. If amending the registered agent and/or i		on our records, <u>ente</u>	
agent and/or the new registered office addre	ss here:		m 🗲
Name of New Registered Agent:	Melissa Corduan	·····	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:			
		Enter Florida street addr	ess
		, F	lorida
	Cit	3'	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 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
MGR	Melissa Corduan		□ Add
			□Remove
			■ Change
			⊡Add
			□Remove
			☐ Change
			□Add
			□Add
			Remove
			Change
			□Add
			□ Remove
			☐ Change
			□Add
			Remove
			∏Change

Effective date, if other than the date of filing: 02/01/2023							
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Filing Fee: \$25.00