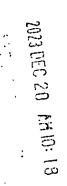
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(Requestor's Name)					
,,,					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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COVER LETTER

	gistration Se vision of Cor						
SHR IR/YF.		Handyman & Homewatch Serv	vices LLC				
SUBJECT: Name of Limited Liability Company							
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please retur	n all correspo	ndence concerning this matter	to the following:				
		John Helle					
			Name of Person				
Gulf Coast Handyman & Homewatch Services LLC							
			Firm/Company				
1460 S. McCall Rd 3D-12A							
			Address				
		Englewood FL 34223					
	City/State and Zip Code						
	hellejohn1@gmail.com						
For further i	nformation c	ti-mail address: () oncerning this matter, please ca	to be used for future annual report not all:	ification)			
John Helle		. ,	941 221-1184				
	Name o	f Person	Area Code Daytin	ne Telephone Number			
Enclosed is	a check for th	ne 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 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)			

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 Tallahassec, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gulf Coast Handyman & Homewatch LLC				
(<u>Name of the Limited Liability</u> (A Florida I.	Company as it now appears on our recording to Liability Company)	<u>'dv.</u>)		
The Articles of Organization for this Limited Liability Cor	mpany were filed on 11/2/2020	and assigned		
Florida document number1.20000347294	·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	ed liability company here:			
Gulf Coast Construction Solutions LLC				
he new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LL	C" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRE	ESS)	20		
		2023 DEC		
		() () () () () () () () () ()		
Coton more molling address of conflicted.		20		
nter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)		A 2.5		
		æ		
3. If amending the registered agent and/or registered of	office address on our records, <u>ente</u>	r the name of the new register		
gent and/or the new registered office address here:				
N. CN. D. C. J.				
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street addre	Enter Florida street address		
		loridaZip Code		
	City	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
			□Add
			□Remove
			□Change
			□ Remove
			□Change
			□ Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			🗖 Change
			🗆 Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional)
(If an 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 605,0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated_ December 12, Signature of a member or authorized representative of a member John Helle

Filing Fee: \$25.00

Typed or printed name of signee