

121 000025546

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

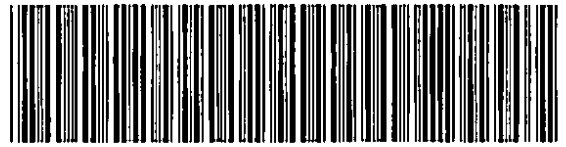
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

MAY 03 2022

Office Use Only



600385216586

04/06/22--01009--010 **25.00

FILED

2022 APR -6 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SMC Handyman + Maintenance Services, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Scott M. Chandler
Name of Person

SMC Handyman + Maintenance Services, LLC
Firm/Company

300 Roma Rd.
Address

Venice FL 34285
City/State and Zip Code

brachandler@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bridget Chandler at (810) 650-9671
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

SNC Handyman and Maintenance Services, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2022 APR 16 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 1/11/21 and assigned
Florida document number L21000025546.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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:

Bridget R. Alvis-Chandler

New Registered Office Address:

300 Roma Rd

Enter Florida street address

Venice

City

, Florida

34285

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.

B.R. Alvis-Chandler
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>	<u>Address</u>	<u>Type of Action</u>
--------------	-------------	----------------	-----------------------

Manager	Bridget Alvis Chandler	300 Roma Rd Venice FL 34285	☐ Add ☒ Remove
---------	------------------------	--------------------------------	--

☐ Change

Registered Agent	Bridget Alvis Chandler	300 Roma Rd Venice FL 34285	☐ Add ☐ Remove
-----------------------------	-----------------------------------	--	---

☐ Change

Registered Agent	Scott M. Chandler	300 Roma Rd Venice FL 34285	☐ Add ☒ Remove
-----------------------------	------------------------------	--	--

☐ Change

Manager	Scott M. Chandler	300 Roma Rd Venice FL 34285	☒ Add ☐ Remove
---------	-------------------	--------------------------------	--

☐ Change

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Correcting error

Scott M. Chandler is the manager
Bridget Alvis-Chandler is the agent

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 4-4-2022, 2022

Bridget Alvis-Chandler
Signature of a member or authorized representative of a member

Bridget Alvis-Chandler
Typed or printed name of signee