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(Req	uestor's Name)	-
(Add	ress)	
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(City	/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	s of Status
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Special Instructions to F	iling Officer:	

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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations				
	HANDYMAN LL C	•			
SUBJECT:	Name of Lim	ited Liability Company	;		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
	ondence concerning this matter				
	ROBERT LANTEIGNE				
		Name of Person			
	ASK BOB HANDYMAN	!.I.C			
		Firm/Company			
	624 Pinellas St Suite C				
		Address			
	Clearwater, FL 33756				
		City/State and Zip Code			
	info@askbobhandyman.com		· · · ·		
		to be used for future annual report notif	ication)	:_1	2021 !'^''
For further information c	concerning this matter, please ca	aH:		•	5
Robert Lanteigne		727 417-2830 at ()		<u>.;</u>	-
Name o	of Person	Area Code Daytime	Telephone Number		72
Enclosed is a check for t	he following amount:			•	E: 59
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filin Certificate Certified Contadditional contadditional	of Status opy	
Mailing Address Registration		Street Address: Registration Sec	tion		
Division of C		Division of Con			
P.O. Box 632	27	The Centre of T	allahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ASK BOB HANDYMAN LLC					
(Name of the Limited (A	Liability Comp: Florida Limited	any as it now appears on our reco Liability Company)	ords.)		
The Articles of Organization for this Limited Liabi Florida document number $\frac{1.21000036101}{1.000036101}$	ility Company	were filed on 1/19/2021		and assign	ied
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of th	e limited liab	oility company here:			
The new name must be distinguishable and contain the word	s "Limited Liabi	lity Company," the designation "L	LC" or the abbrev	iation "L.L.C	
Enter new principal offices address, if applicabl	le:	624 Pinellas St, Suite C			
(Principal office address MUST BE A STREET)		Clearwater, FL 33756			
	<u>.</u>			73	
Enter new mailing address, if applicable:		624 Pinellas St, Suite C	_ : :-	7	7
(Mailing address MAY BE A POST OFFICE BO	(X)	Clearwater, FL 33756		5	
Training dual coo Party De Fri Oct Of Free Do	1.7				
B. If amending the registered agent and/or regi agent and/or the new registered office address h		address on our records, ent	er the name of	the new r	egister
ngone une us one non regimen ou orner user voor.	·				
Name of New Registered Agent:	Robert Lanteig	ne <u> </u>			
New Registered Office Address:	624 Pinellas St	<u> </u>	, .		
		Enter Florida street add.			
-	Clearwater	1	Florida ³³⁷⁵⁶		

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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

Title	<u>Name</u>	Address	Type of Action
MGR	STEPHANIE LANTEIGNE	1300 Edmonton Dr. Clearwater, FL 33756	□Add
			= Remove
			□Change
MGR	ROBERT LANTEIGNE	624 Pinellas St, Suite C,Clearwaterm, FL 33756	= Add
			Remove
			□Change
		 	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Remove
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ffective date, if other than the date of filing:	(optional)	 خ
an effective date is listed, the date must be specific and cannot be prior to date of filing or more to ote: If the date inserted in this block does not meet the applicable statutory filing recomment's effective date on the Department of State's records.	nan 90 days after filing.) F quirements, this date w	rill not be listed as
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on this filed.	he earlier of: (b) The	90th day after the
ated 13 November 2021		
Signature of a member or authorized representative of a	member	
Stephanie Lanteigne		