## LZ1000042195

| (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: |  |  |  |
|   |  |  |  |
|   |  |  |  |
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|   |  |  |  |

Office Use Only



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03/03/21--01017--014 \*\*25.00

2921122 - 3 (2111): 43

11/21

## COVER LETTER

| TO:       | Registration Sec<br>Division of Corp |  |   |   |
|-----------|--------------------------------------|--|---|---|
| cim ita   | YEAR                                 |  |   |   |
| SUBJEA    | ∪ I;                                 | Name of Limi                                 | ted Liability Company   |   |
| The encl  | losed Articles of a                  | Amendment and fee(s) are subr                | nitted for filing.  |   |
| Please re | eturn all correspoi                  | ndence concerning this matter t              | o the following:  |   |
|           |                                      | Diane Pullin                                 |   |   |
|           |                                      |  | Name of Person  | <del></del>   |
|           |                                      | TaxAcct LLC                                  |   |   |
|           |                                      |  | Firm/Company  |   |
|           |                                      | 9085 Barrister Ct                            |   |   |
|           |                                      |  | Address   |   |
|           |                                      | Jacksonville, FL 32257                       |   |   |
|           |                                      | dianepullin@bellsouth.net                    | City/State and Zip Code   |   |
|           |                                      |  | o be used for future annual report not                              | ification)  |
| For furt  | her information co                   | oncerning this matter, please ca             | all:  |   |
| Diane P   | ullin                                |  | 904 333-8689  |   |
|           | Name of                              | Person                                       | at ()<br>Area Code Daytin   | e Telephone Number  |
| Enclose   | d 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,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| YEAR  |   |                         |
|---|---|-------------------------|
| (Name of the Limited                                    | Liability Company as it now appears on our records.) Florida Limited Liability Company) |                         |
|   | pility Company were filed on 1/21/2021  | and assigned            |
| lorida document number L2100042195                      | <del>.</del>  |                         |
| his amendment is submitted to amend the follow          | ving:   |                         |
| If amending name, enter the new name of t               | he limited liability company here:  |                         |
| Naron Ellis's Handyman Services, LLC                    |   |                         |
| he new name must be distinguishable and contain the wor | ds "Limited Liability Company," the designation "LLC" or th                             | e abbreviation "L.L.C." |
| Enter new principal offices address, if applicat        | ble:  |                         |
| Principal office address MUST BE A STREET               | ADDRESS)  |                         |
|   |   |                         |
| Enter new mailing address, if applicable:               |   | 4.4.4.1                 |
| Mailing address MAY BE A POST OFFICE B                  | <u> </u>  |                         |
|   |   |                         |
|   |   |                         |
|   | gistered office address on our records. <u>enter the n</u>                              | tame of the new registe |
| igent and/or the new registered office address          | here:   | 282                     |
|   |   | <u> </u>                |
| Name of New Registered Agent:                           |   | <u> </u>                |
| Name Danier and Olffins Address.                        |   | رن<br>                  |
| New Registered Office Address:                          | Enter Florida street address  | James James             |
|   |   | ·                       |
|   | , Florida   | Zin Ĉude                |
|   | CW.   | LID CADAC               |

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 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 | Name | Address                                | Type of Action |
|-------|------|--|----------------|
|       |      |  | □Add           |
|       |      |  | □Remove        |
|       |      |  | □Change        |
|       |      | W. 17                                  | □Add           |
|       |      | ************************************** | □Remove        |
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|       |      |  | □Change        |

| Effective date, if other than the date of filing:  (an effective date, if other than the date of filing:  (an effective date, it is seen to be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 645 9207 ( Note: The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as fil  (accounts) seffective date on the Department of State's records.  Procord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the enrier of; (b). The 90th day after the d is filed.  2126  2021  Marco MEDIS, Managing Member   |                                     |   |  |                             |                                 |             |
|--|-------------------------------------|---|--|-----------------------------|---------------------------------|-------------|
| Effective date, if other than the date of filing:  [In effective date is listed, the date must be specific and comot be prior to date of filing or more than 90 days after filing it has sumt to 605-02074.  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as filingument's effective done on the Department of State's records.  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 dis filed.  Dated  2/26/  302/  Matter  Significate of a member or authorized representative of a member.   |                                     |   |  |                             |                                 |             |
| Effective date, if other than the date of filing:  [In effective date is listed, the date must be specific and comot be prior to date of filing or more than 90 days after filing it has sumt to 605-02074.  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as filingument's effective done on the Department of State's records.  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 dis filed.  Dated  2/26/  302/  Matter  Significate of a member or authorized representative of a member.   |                                     |   |  |                             |                                 |             |
| Effective date, if other than the date of filing:  (optional)  (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. I Pursuant to 605.0207 (conc.) If the date inserted in this block does not need the applicable statutory filing requirements, this date will not be listed as illustrative date on the Department of State's records.  Precord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier off (b). The 90th day after the d is filed.  Dated  2/36/  Date  Signifiure of a member or authorized representative of a member.   | <del></del>                         |   |  |                             |                                 |             |
| ffective date, if other than the date of filing:  an effective date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. Pursuant to 605,0207 ( force: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as if occurrent's effective date on the Department of State's records.  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 fits filed.  According to the filing of a member of antiborized representative of a member.  |                                     | · · · · · · · · · · · · · · · · · · ·                                 |  |                             |                                 |             |
| ffective date, if other than the date of filing:   |                                     |   |  |                             |                                 | <del></del> |
| ffective date, if other than the date of filing:   |                                     |   |  |                             |                                 |             |
| ffective date, if other than the date of filing:   |                                     |   |  |                             |                                 |             |
| ffective date, if other than the date of filing:   | -                                   |   |  |                             |                                 | <del></del> |
| ffective date, if other than the date of filing:  an effective date, it is the date must be specific and cannot be prior to date of filing or more than 90 days after filing. I Parsuant to 608.0207 ( force: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it occument's effective date on the Department of State's records.  The 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 distilled.  The specifies and specifies are specified and specifies are specified and specifies and specifies and specifies and specifies are specified and specifies and specifies and specifies and specifies and specifies and specifies are specified and specifies and specifies are specified and specifies and specifies are specified and specifies are spe |                                     |   |  |                             |                                 |             |
| ffective date, if other than the date of filing:   | <del></del>                         | <u></u>   |  |                             |                                 |             |
| ffective date, if other than the date of filing:   |                                     |   |  |                             |                                 |             |
| ffective date, if other than the date of filing:   |                                     |   |  |                             |                                 |             |
| ffective date, if other than the date of filing:   | -                                   |   |  |                             |                                 | <del></del> |
| ffective date, if other than the date of filing:   |                                     |   |  |                             |                                 |             |
| ffective date, if other than the date of filing:   |                                     |   |  |                             |                                 |             |
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| Signature of a member or authorized representative of a member  [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 (.  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tilecument's effective date on the Department of State's records.  The specific and earlier of: (b) The 90th day after the distilled.  Dated  Dated  Date  Signature of a member or authorized representative of a member.   | <del> </del>                        | <del></del>   |  |                             |                                 |             |
| Signature of a member or authorized representative of a member   Signature of a member or authorized representative of a member   Signature of a member or authorized representative of a member   Signature of a member or authorized representative of a member   Signature of a member or authorized representative of a member   Signature of a member or authorized representative of a member   Signature of a member or authorized representative of a member   Signature of a member or authorized representative of a member   Signature of a member or authorized representative of a member   Signature of a member or authorized representative of a member   Signature of a member or authorized representative of a member   Signature of a member or authorized representative of a member   Signature of a member or authorized representative of a member   Signature of a member or authorized representative of a member   Signature of a member or authorized representative of a member   Signature of a member or authorized representative of a member   Signature of a member or authorized representative of a member   Signature of a member or authorized representative of a member   Signature of a member or authorized representative of a member   Signature of a member or authorized representative of a member   Signature of a member or authorized representative of a member   Signature of a member or authorized representative of a member   Signature of a member or authorized representative of a member   Signature of a member or authorized representative of a member   Signature of a member or authorized representative of a member   Signature of a member or authorized representative of a member signature of a member signat | <del> </del>                        |   |  |                             |                                 |             |
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|  | d is filed.                         |   |  |                             |                                 |             |
|  | Dated                               | 2/26/   | . 202 [  | . •                         |                                 |             |
|  | _                                   | Macon VI  | Lella.   | zed representative of a me  | mber                            |             |
| a barrell sale to a a s  |                                     |   |  |                             |                                 |             |