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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
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(Bu	siness Entity Name	e)
(Do	cument Number)	
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Amar V		
Amend ment	. 2	

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2021 DEC 15 AM 10: 10

TO: Registration Se Division of Cor			
Hoilman	Handyman LLC		
SUBJECT:	<u></u>		
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
	ondence concerning this matter		
	Wade F Hoilman		
		Name of Person	
		Firm/Company	
	10280 SW 111th Ave	:	
	Graham FL 32042	Address	
	hoilmanwade@gmail.	City/State and Zip Code	
	E-mail address: (to be used for future annual report notifica	tion) \odot \thickapprox
For further information of	oncerning this matter, please ca	all:	2021 DEC 16
Wade F Hoilman	oncerning in a matter, preude et	904 7967328	
		at ()	
Name o	of Person		slephone Number
			3
Enclosed is a check for the	he following amount:		
₹3 \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address: Registration Section	on

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

DocuSign Envelope ID: E10CC678-978E-4944-A9F0-1F099779E41B

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

•	AMENDMENT O DRGANIZATION OF
_	DRGANIZATION ()
	OF
Hoilman Handyman LLC	The State of the S
(Name of the Limited Liability Compa (A Florida Limited	nny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company L21000098314 Florida document number	were filed on 31/01/2021 and assigned
This amendment is submitted to amend the following:	
_	
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
	n/a
Enter new principal offices address, if applicable:	
• • •	
• • •	
Principal office address MUST BE A STREET ADDRESS)	
(Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:	n/a
(Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:	n/a
(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	n/a
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	n/a
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	n/a
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 agent and/or the new registered office address here:	n/a address on our records, enter the name of the new registered
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	n/a
· · · · · · · · · · · · · · · · · · ·	n/a address on our records, enter the name of the new registered

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.

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II amenuing Authorized rerson(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
Member	Wade F Hoilman	10280 SW 111th Ave Graham FL 32042	57) a 1 i
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			□Remove
		····	□Change
			□ Add
			□Remove
			□ Change
			🗆 Add
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		****	□Change
<u></u>			□Add

Remove

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F-054				
 				
				
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ective date, if other than the da	12/10/20	21	<i>(</i>	
effective date is listed, the date must be te: If the date inserted in this block nument's effective date on the Department's	specific and cannot be prior t does not meet the applica	o date of filing or more than s ble statutory filing require	(optional) 0 days after filing.) Pursuant to ements, this date will not be	605.02 listed
cord specifies a delayed effective da s filed.	te, but not an effective tin	ne, at 12:01 a.m. on the ea	rlier of: (b) The 90th day	after th
December 10th	2021			
Docusigned by: Unully.		_ ·		
UZUF0800(FU441(0)				_
ાછ Wade F Hoilman	nature of a member or author	nzed representative of a men	ber	