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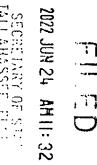
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J. HORNE
J. HORNE SEP 15 2022





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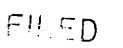


COVER LETTER

TO: Registration S Division of Co				
Stumpany	LEC			
STRIECT:	Name of Lin	nited Liability Company		
The enclosed Amicles o	f Amendment and fee(s) are sub	omitted for filing.		
Picase return all corresp	ondence concerning this matter	to the following:		
	Greg Mendoza			
		Name of Person		
	Stumpany LLC -	Southgate Handyman Service, LLC		
		Firm/Company		
	2470 Wisteria St.			
		Address		
	Sarasota, FL 34239			
		City/State and Zip Code		
	southgatchandymanservice			
for further information	E-mail address:	(to be used for future annual report notification)		
Greg Mendoza	, meeting the material	808 4627837		
Name	of Person	at (
Englosed is a check for	the following amount:			
SIS 600 Filling tree	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing i.ee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)		
<u>Mailing Addro</u>		Street Address:		
Registration		Registration Section		
P.O. Box 63	Corporations 27	Division of Corporations The Centre of Tallahassee		
Tallahassee.		2415 N. Monroe Street, Suite 810		

Tallahassee, Ft. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



 $\mathcal{C}_{\mathcal{I}}$

Stumpany LLC

2022 JUH 24 AM 11: 31

The Articles of Organization for this Limited Liability Compan Florida document number 800364698258 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited lia	y were filed on Sun, May 2, 201	and assigned
-		
A. If amending name, enter the new name of the limited lia		
The state of the s	bility company here:	
Southgate Handyman Service LLC		
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "LI	A" or the abbreviation "L.I. C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
(Mailing address MAY BE A POST OFFICE BON)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>entc</u>	er the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida strve; addi	(2)
		FloridaZip Code

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 comploy 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	<u>Name</u>	Address	Type of Action
	· · · ·		
			□Remove
			TChange
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			TiRemove
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			□Remove
			DChange
			⊒Add
			□Remove
			DChange

				
				
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ffective date, if other than the an effective date is listed, the date in lote: If the date inserted in this occument's effective date on the	ust be specific and cannot be block does not meet the :	applicable statutory	or more than 90 days af	
record specifies a delayed effect Lis filed.	ive date, but not an effec	tive time, at 12:01 a	i.m. on the earlier of:	(b) The 90th day after the
June 06 ated	2022	·		
		I		
<i>(V. C.</i>	_ ^ NJK~~	r authorized represent		

Typed or printed name of signee