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COVER LETTER

TO: Registration S Division of Co SUBJECT:	ner Handilm	an Service		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspond	ondence concerning this matter	to the following:		
	Donita	Name of Person		
		Firm/Company		
	114 Basse	SH Avenue		
	Virginia E donitats E-mail address:	Reach VA 25 City/State and Zip Code 89(0) 9 Mail, Corr to be used for future annual report notif	3452 U	
For further information of	concerning this matter, please c	·	,	
Donita	Ford of Person	at (757) 324	: Telephone Number	
Enclosed is a check for t	he following amount:			
S25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy: (additional copy is enclosed):	
Mailing Addre		Street Address:	etion Fig. 28	
Registration Division of C		Registration Sec Division of Corp	porations mad	٠ ـــ
P.O. Box 632	27	The Centre of T		
Tallahassee,	FL 32314	2415 N. Monroe Tallahassee, FL	2 Street, Suite 810 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Palmer Handyman Service
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on $\frac{6/3/2021}{2000000000000000000000000000000000$
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
he 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) 3. 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:
New Registered Office Address: Enter Florida street address
City Florida City Coden
New Registered Agent's Signature, if changing Registered Agent:
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 diability 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 MGR	Name Donita Renee Ford	Address 114 Basself Avenue Virgi	Type of Action Nia Stach XA 234 MAdd
,			□ Remove
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			🗆 Add
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			Remove 7
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			□Remove

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 .		
Mactive	e date, if other than the date of filing: $6000000000000000000000000000000000000$	
an effect	ive 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 605.02	97 (
	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed t's effective date on the Department of State's records.	as t
	SEL STATE OF THE SEPARATE OF SAME STATES	
record s	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	1e
l is filed	62	
		,
ated	June 2nd 2024.	•
	Chita Signature of a propher or authorized representative of a manufact	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00