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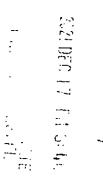
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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A. BUTLER JAN - 3 2022

COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Division of Car	•		
Platinum H SUBJECT:	andyman Services, LLC		
·	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
	ondence concerning this matter	•	
r lease return an correspe	machee concerning this matter	to the following.	
	John Cleary		
		Name of Person	
		Firm Company	
	9668 SW Chestwood Aver		
	<u> </u>	Address	
	Port St Lucie, FL 34987		
		City/State and Zip Code	
	john@platinumhandymanse		
For further information c	oncerning this matter, please c	to be used for future annual report noti all:	neation)
John Cleary		914 882-1819	
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed)
Mailing Addres Registration S		Street Address:	ction
Division of C		Registration Sec Division of Cor	
P.O. Box 632		The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

į

Platinum Handyman Services, LLC	2621 BEC 17 BILD-141
	la Limited Liability Company)
ne Articles of Organization for this Limited Liability Corida document number 1.21000277961	Company were filed on 06/15/2021 and assigned and assigned
is amendment is submitted to amend the following:	
If amending name, enter the new name of the lim	nited liability company here:
atinum Home Improvement Services, LLC	
e new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDI	BUCCI
incipal office address most be A STREET ADDI	KE33)
nter new mailing address, if applicable:	
failing address MAY BE A POST OFFICE BOX)	
. If amending the registered agent and/or registere tent and/or the new registered office address here:	ed office address on our records, enter the name of the new regi
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
	City Zip Code

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
		~	□Add
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			□Remove
			□Change

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Filing Fee: \$25.00