

121000316041

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

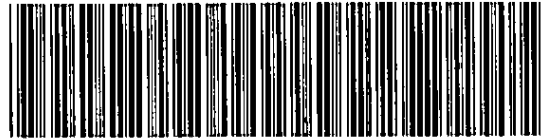
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TREASURY

Name Change

MAY - 9 2022

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lightning Multi Services LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Wilner St Geard
Name of Person

Lightning Multi Services LLC
Firm/Company

2942 NW 55th ave Apt 1B
Address

Lauderhill FL 33313
City/State and Zip Code

Wilnersg@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wilner St Geard at (754) 422-5078
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 210
Tallahassee, FL 32310

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CLERK OF COURT
TALLAHASSEE, FL



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2022 APR 18 AM 11:50

FLORIDA DEPARTMENT OF STATE

Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FL

April 6, 2022

WILNER ST GEARD
2942 NW 55TH AVE APT 1B
LAUDERHILL, FL 33313

SUBJECT: LIGHTNING MULTI SERVICES LLC
Ref. Number: L21000316041

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

It appears that page 2 of the document is missing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

TERARRA A SIMMONS
OPS

Letter Number: 222A00007946

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

Lightning Multi Services LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2022 APR 18 PM 4:20
SECRETARY OF STATE
FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 07/12/2021 and assigned
Florida document number L21000316041.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Lightning Handyman Multi Services LLC

The 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)

2942 NW 55th Ave Apt 1B

Lauderhill FL, 33313

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. 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

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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Persons 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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated March 9th, 2022

Wilder St Gerard
Typed or printed name of signee