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(Requestor's Name)	
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PICK-UP WAIT MAIL	-
(Business Entity Name)	
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Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	
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Office Use Only

US 10/10/21

## **COVER LETTER**

TO: Registration Section

Division of Cor	porations				
All Things I	Handy Home Maintence, LLC				
<del></del>	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Cory Adams				
		Name of Person		•	
	All Things Handy Home M	faintence, LLC		200 S1	
		Firm/Company		100	<u>1</u>
	1130 CREEKSIDE PKWY	7,#110774			TITI
	<u> </u>	Address		* P	1
	Naple, FL 34108			2021 OCT -4 PM 3: 09 SECRETARY OF STATE	ž
		City/State and Zip Code		平26	
	allthingshandyfl@gmail.com		iaction		
		to be used for future annual report notifi	ication <i>)</i>		
For further information of	oncerning this matter, please c	ail:			
Cory Adams		913 2073003 at ()			
Name o	f Person	Area Code Daytime	: Telephone Number	7	
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)	Certified	te of Status &	
Mailing Addres Registration S Division of C	Section	Street Address: Registration Sec Division of Con			
P.O. Box 632	•	The Centre of T	allahassee		
Tallahassee, l	FL 32314	2415 N. Monroe	Street, Suite 8	310	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

All Things Handy Home Maintence, LLC (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  $\frac{7/26/21}{1}$ and assigned Florida document number \_\_L21000337689 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Paradise Lights Florida, 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) 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

## 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 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
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ective date, if other than the date effective date is listed, the date must be s	e of filing:	late of filing or more than 90	(optional) days after filing.)	Pursuant to 605.
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ument's effective date on the Depart	iment of state's records.			
cord specifies a delayed effective dat	te. but not an effective time	at 12:01 a.m. on the ear	lier of: (b) The	90th day after
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Sign	ature of a member or authorize	xd representat(vg/of a memb	Adams	