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2022 APR -4 AM 6: 24
SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS APR 1 5 2022

COVER LETTER

Div	ision of Cor	porations		,	
	OCEAN VIEW REMODELING AND HANDYMAN SERVICE LLC				
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	I Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	indence concerning this matter	to the following:		
		EARL DEVEAUX			
			Name of Person		
		OCEAN VIEW REMODE	LING AND HANDYMAN SERV	ICE LLC	
		Name of Limited Liability Company iticles of Amendment and fee(s) are submitted for filing. correspondence concerning this matter to the following: EARL DEVEAUX Name of Person OCEAN VIEW REMODELING AND HANDYMAN SERVICE LLC Firm/Company 2115 NE 51ST CT Address FT LAUDERDALE, FL 33308 City/State and Zip Code EARLDEVEAUX@YAHOO.COM E-mail address: (to be used for future annual report notification) matton concerning this matter, please call: JX Name of Person Area Code Daytime Telephone Number cck for the following amount: g Fee \$\Bigcit \$30.00 \text{ Filing Fee & Certificate of Status & Certificed Copy (additional copy is enclosed)} Certifical Copy (additional copy is enclosed)			
		2115 NE 51ST CT			
	Name of Limited Liability Company sed Articles of Amendment and fee(s) are submitted for filing. arm all correspondence concerning this matter to the following: EARL DEVEAUX Name of Person OCEAN VIEW REMODELING AND HANDYMAN SERVICE LLC Firm/Company 2115 NE 51ST CT Address FT LAUDERDALE, FL 33308 City/State and Zip Code EARLDEVEAUX@YAHOO.COM E-mail address: (to be used for future annual report notification) r information concerning this matter, please call: EVEAUX Name of Person Area Code Daytime Telephone Numb is a check for the following amount: O Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 I Certificate of Status Certified Copy Certified C				
		FT LAUDERDALE, FL 33	3308		
			City/State and Zip Code		
		=			
		E-mail address: (to be used for future annual report noti	fication)	
For further in	nformation c	oncerning this matter, please ca	all:		
EARL DEVI	EAUX				
	Name o	f Person	Area Code Daytim	e Telephone Number	
Enclosed is a	check for th	ne following amount:			
■ \$25.00 F	Filing Fee	_	Certified Copy	Certificate of Status & Certified Copy	
	iling Addres gistration S		Street Address: Registration Sec	etion	

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

TO:

Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 APR -4 AM 6: 24

OCEAN VIEW REMODELING AND HANDYMAN SERVICES LLC

SECRETARY OF STATE

(Name of the Limited Liability Company as it now appears on our rector AHASSEE, FL (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 08/16/2021	and assigned
Florida document number 1.21000366355		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity 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 a agent and/or the new registered office address here:	ıddress on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	ss
	, FI	orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I haveby assent the appointment as registered agent and age	as to set in this capacity I fe	orthan agree to comply with the

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
MGR	EARL DEVEAUX	2115 NE 51ST CT	= Add
		FT LAUDERDALE, FL 33308	□Remove
			□Change
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Tective date, if other than the an effective date is listed, the date muote: If the date inserted in this becament's effective date on the I	ist be specific and cann lock does not meet t	iot be prior to da the applicable	tte of filing or mor statutory filing	e than 90 days after	filing.) Pursuant to 6	605.02 07 isted as t
record specifies a delayed effecti is filed.	ve date, but not an e	ffective time,	at 12:01 a.m. on	the earlier of: (b) The 90th day a	fter the
APRIL 1	20	021				
End (tellen	·				
	Signature of a memb	er or authorized	d representative of	a member		