

L21000401338

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

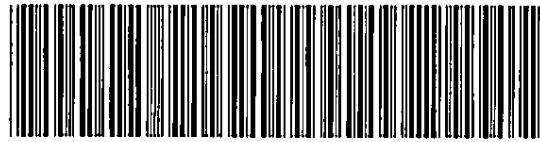
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 SEP 24 PM 2:44

RECEIVED

2021 SEP 16 PM 3:33

RECEIVED

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Amend

SEP 27 2021
ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LOWENBACH HANDYMAN 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:

BRANDON LOWENBACH

Name of Person

LOWENBACH HANDYMAN SERVICES, LLC

Firm/Company

316 W 6TH AVE

Address

TALLAHASSEE, FL 32303

City/State and Zip Code

BRANDONFRUHLLOWENBACH@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRANDON LOWENBACH

850 300-8113
at ()

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 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2021 SEP 24 AM 9:16
SECRETARY
TALLAHASSEE, FLORIDA

September 17, 2021

BRANDON LOWENBACH
316 W 6TH AVE
TALLAHASSEE, FL 32303

SUBJECT: LOWENBACH HANDYMAN SERVICES, LLC
Ref. Number: L21000401338

We have received your document for LOWENBACH HANDYMAN SERVICES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

You failed to sign the form.

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.

Irene Albritton
Regulatory Specialist III

Letter Number: 421A00022587

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

LOWENBACH HANDYMAN SERVICES, 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 SEPTEMBER 9, 2021 and assigned
Florida document number L21000401338.

This amendment is submitted to amend the following:

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

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 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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

THE OWNERSHIP OF LOWENBACH HANDYMAN SERVICES, LLC SHALL BE DIVIDED AS FOLLOWS:

BRANDON FRUH LOWENBACH SHALL HOLD A 90% OWNERSHIP OF THE LLC

TODD RESSEGUIE JR SHALL HOLD A 10% OWNERSHIP OF THE LLC

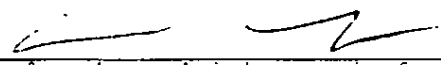
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated SEPTEMBER 16, 2021



Signature of a member or authorized representative of a member

BRANDON FRUH LOWENBACH

Typed or printed name of signee

Filing Fee: \$25.00