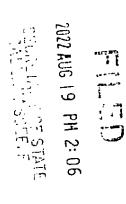
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(Document Number)
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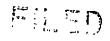
2022 AUG 19 PM 1:54

A. BUTLER AUG 1 9 2022

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 Fruh Lowenbach Name of Person
Lowenbach Handyman Services LLC Firm/Company
316 W. 6th Ave
Addition
City/State and Zip Code Lowerbach handymans ervices @ gmail·com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Brandon Froh Lowenbach at (850) 300-8113 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Lowenbach !	Handymar	Service	2022 AUE 19	FM 2: 06
(Name of the Limited	d Liability Company : A Florida Limited Liab	as it now appears on	our records.)	OF STATE
The Articles of Organization for this Limited Lia		re filed on9	19/2021	and assigned
Florida document number <u>L2100040133</u>	<u> </u>			
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liabilit	y company here:		
The new name must be distinguishable and contain the wo	ords "Limited Liability	Company," the design	ation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applica	ble: _			
(Principal office address MUST BE A STREET	<u> ADDRESS)</u>		<u>-</u>	
	_			
Enter new mailing address, if applicable:	_			
(Mailing address MAY BE A POST OFFICE E	<u>BOX)</u>		· -	
	_			
B. If amending the registered agent and/or reagent and/or the new registered office address		lress on our recor	ds, enter the nar	ne of the new registered
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Florida s	treet address	
		C:	, Florida _	Zip Code
		City		гір Соае

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 ren:oved from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Joseph Carl King	2667 Vista Rise Apl C	M Add
	J	Tallahassee FL 32304	□Remove
		,	Change
AMBR	Cassic Marie Luger	2699 Vista Rise Apl D	(12 /2/dd
		Tallahassec FL 32304	Remove
			□Change
			□ Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
		· 	Remove
			☐ Change

	, , , , , , , , , , , , , , , , , , , ,	
		
		<u>,.</u>
fan effect Yote: If	ve date, if other than the date of filing:	lays after filing.) Pursuant to 605.0207
d is filed	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie ed.	er of: (b) The 90th day after the
ated	August 19 , 2022.	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00