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AUG 2 5 2022

S. PRATHER

COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT: KevCo	Complete Har	ndvman Servi	ces LLC	
SUBJECT:		ited Liability Company		· <u> </u>
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	lh e. a	100 Fab 1		
	VICU	n M. Fahd Name of Person		
Firm/Company				
	3471 Su	VULLAGEN STRE	et-	
		Address		
	Port S	aint Lucie, Fl City/State and Zip Code	. 34953	
	E-mail address: (fahdagnad. ev.	cport notification)	
For further information co	ncerning this matter, please ca		•	
Veren Fahd		ar, 772,	919-1992	
Name of	Person	Area Code	Daytime Telepho	one Number
	C 10			
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

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

KevCo Complete 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 10/04/21 Florida document number <u>L</u>21000434719

The new name must be distinguishable and contain the words "Limited Lia	ibility 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)	

	City	Florida
New Registered Office Address:	Enter Florida street add	ress
Name of New Registered Agent:		

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
<u>Ambr</u>	Donnak. Fahd	Bat Sairt Lucie, FL 34953	□Add Remove
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	date of filing:		(optional)	
Effective date, if other than the		. 1	thing ar muses then OA dasa		
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Filing Fee: \$25.00