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## **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT: ALKS REMODEUNE & HANDYMANU 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:
LINO A. FLOR Name of Person
ALKS REMODELING & HANDYMAN SERVICES U.C. Firm/Company
1802 SANDHIL CRANE DR
FORT PIERCE, FL 34982  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (772) 999-1413  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## ALKS REMODELING & HANPY MAN 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 Con	npany were filed on	0/18/2021	and assigned
Florida document number <u>L 21000453778</u>		<del></del>	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability company here	:	
ALKS HOME IMPROVEMENT	SLLC		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the desi	gnation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		<del></del>	
(Principal office address MUST BE A STREET ADDRE	<u>SS)</u>		
	<del></del>		
Enter new mailing address, if applicable:			
			<del></del>
(Mailing address MAY BE A POST OFFICE BOX)			
		_	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:  Name of New Registered Agent:	office address on our rec	ords, <u>enter the name</u>	e of the new registered
agent and/or the new registered office address here:			e of the new registered
<u>Name of New Registered Agent:</u>		ords, enter the name	of the new registered
<u>Name of New Registered Agent:</u>	Enter Florida	a street address	of the new registered
<u>Name of New Registered Agent:</u>	Enter Florida City		of the new registered

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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□ Change
			□ Remove
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			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

Effective date, if other than the date of filing:    1   12   2024   (optional)		
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