121000 4165 512

(Re	equestor's Name)
(Ad	ddress)
(Ad	ddress)
(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
· · ·	
U	Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 7, 2021

RAY PEREIRA 7851 GAMEMASTER AVE ORLANDO, FL 32832

SUBJECT: SHADOW HANDYMAN SERVICES Ref. Number: L21000469512

PLEASE ADP THE LLC AT THE

SHAPOW HANDY MAN SONVICE, LLC

We have received your document for SHADOW HANDYMAN SERVICES 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.

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.

Tekayla T Matthews **OPS**

Letter Number: 021A00029349

COVER LETTER

A STATE OF

Registration Section

TO:

Division of Cor	porations				
SHADOW	HANDYMAN SERVICES				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	RAY PEREIRA				
		Name of Person			
	SHADOW HANDYMAN	SERVICES, LLC			
		Firm/Company			
	7851 GAMEMASTER AV	/E			
	***************************************	Address			
	ORLANDO, FL 32832				2021
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	2.5	DEC
	RAYPEREIRA18@GMAI	L.COM to be used for future annual report noti	G-oi	• .	28
F 64			neation)	າື :	
For further information c	oncerning this matter, please c	an:		•)	왕 ID: 06
RAY PEREIRA		407 575-6916 at ()			90
Name o	f Person		e Telephone Number		
Enclosed is a check for the	he following amount:				
\$25.00 Filing Fee	(2) \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
Mailing Addres		<u>Street Address:</u> Registration Se	ction		
Registration Section Division of Corporations		Division of Cor			
P.O. Box 6327		The Centre of T		0	
Tallahassee, FL 32314		2415 N. Monro	e Street, Suite 81	U	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHADOW HANDYMAN SERVICES

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

New Registered Office Address:	N/A	Enter Florida street addres.	orida
New Registered Office Address:	N/A		
Name of New Registered Agent:	N/A		
B. If amending the registered agent and/or registered office address	1,7	address on our records, <u>enter</u>	the name of the new register
(Mailing address MAY BE A POST OFFICE B	<u>0X)</u>		
Enter new mailing address, if applicable:		N/A	
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new principal offices address, if applical	ble:	N/A	
The new name must be distinguishable and contain the wor			" or the abbreviation "L.L.C."
A. If amending name, <u>enter the new name of t</u> Shadow Handymai			
This amendment is submitted to amend the follow	wing:		
	·		
Florida document number L21000469512	,		
The Articles of Organization for this Limited Lia	bility Company	were filed on Tonzonzozi	and assigned

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 removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
CEO	RAY PEREIRA	7851 GAMEMASTER AVE, ORLANDO FL 32832	KAdd
			□Remove
			□Change
			□Add
			□Remove
		<u> </u>	□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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. Signature of a member of authorized representative of a member