121000518070

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J. HORNE JAN 1 1 2022

Office Use Only



800378566168

12/28/21--01021--020 **25.00



COVER LETTER

TO: Registration S Division of Co	rnorations		
SUBJECT: BAYS	THORE HANDMAN Name of Lim	SERVICES ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		Name of Person	
	BAYSHORE	HANDYMAN SER	EVICES LLC
	P.O. BOX 17:	Address	
	PORT SA MYERS.	City/State and Zip Code THOMAS @ YAHOO to be used for future annual report not	34992 o. Com
For further information (concerning this matter, please ca		neaton
Hom Name o	AS MYERS of Person	at (<u>9/4</u>) <u>393</u> - Area Code Daytim	- 9512 ne Telephone Number
Enclosed is a check for t	he 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 TOARTICLES OF ORGANIZATION OF

FILED

2021 DEC 28 PM 5: 16 The Articles of Organization for this Limited Liability Company were filed on ___ Florida document number <u>L21000518070</u>. 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 "LLC." 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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	THOMAS MYERS	P.O. BOX 1733 POET SALERM	OFI. Andd
		34992	□Remove
			Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
	<u> </u>		□Add
			□Remove
			□Change
			🗆 🗸 dd
			□Remove
			□Change
			□Add
			□Remove
			Change

	PIFE	ISE ChA	WEF C	ffortive	E d'Ate	feom	1/1/21	40	1/3/21
-	4. 18	111	AME	D	- <u>477.</u>		1/1/21		13/00)
	AND.	<u> </u>	71115)/C ,		- 1.1./	/		
-					<u>/h</u> x	INK YOU	<u>•′</u>		
-	<u> </u>								
-					 				
_									
-			<u> </u>		,,- ,		***		······································
-									
_				_					
-									<u> </u>
-									
_									
-		<u></u>		<u>.</u>					
_		·							
-			+						
CF4		:Cathantha	m tha data a	. C 631:			(antia	mal)	
`an eff Note:	ective date If the dat		te must be spe his block doo	cific and cannot es not meet th	e applicable s		(option than 90 days after the requirements, this	iling.) Pur	
recor Lis fi		es a delayed ef	Tective date.	but not an eff	ective time, at	12:01 a.m. or	the earlier of: (b)	The 90	th day after the
		//							
ated	12	100/2		,	·				
	/		-	P	111.				
			Signati	re of a member	r or adhorized	7 renresentative o	f a member		
				/		7 representative o	11141111114		
				1 Homa Typed					