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(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only

COVER LETTER

TO: Registration Sec Division of Corp			•
SUBJECT:	Name of Lim	indy Man Serv	ices uc
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	idence concerning this matter	to the following:	
	<u>w</u>	ICM ADOMCE Name of Person	er Fr.
	Wild Bi	Its Handyman Firm/Company	Services
	<u>4820</u> E	- Hinson Ave	<u>-</u>
	Haines	City FL 3:	3844
	williand(E-mail address: (i	o be used for future annual report notifi	Mcin. Com
For further information co	ncerning this matter, please ca	ıll:	
LVILLICIMA. Name of	Damour Tr Person	at (<u>2 C7</u>) <u>28 C(</u> . Area Code Daytime	OSUS Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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. Monroc Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JAN 31 PM 12: 59

	(A Florida Limited Liability	y Company)		
The Articles of Organization for this Limited L Florida document number <u>L22000</u>		filed on	1.33	and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited liability c	ompany here:		
The new name must be distinguishable and contain the w	ords "Limited Liability Cor	npany," the designa	ition "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applic	able:	···-		
(Principal office address MUST BE A STREE	T ADDRESS)		<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)			
B. If amending the registered agent and/or r agent and/or the new registered office address	egistered office addres s here:	ss on our record	ls, <u>enter the</u> nan	ne of the new registered
Name of New Registered Agent:	AbMiey	Hobso	<u>en</u>	
New Registered Office Address:	4830 E	HMSCM Enter Florida str	Ave cet address	
	Heimes Ci	<u> </u>	, Florida	33844 Zip Code

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 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
MC-R	Anney Hobson	4820 E. Hinson Ave	🗆 Add
		Haines City, FC 33844	/_ DeRemove
			🗆 Change
MOR	William Albanaur Jr	4820 E. Hinson Ave	_ Dadd
		Haines City, Fi 33844	□Remove
			□Change
			□Add
			□Remove
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an effectiv <u>ote:</u> If tl	re date is listed, the ne date inserted i	han the date of to e date must be specific in this block does to on the Department	ic and cannot be pi not meet the app	plicable statutory	or more than 90 da	(optional) sys after filing.) Pursua nts. this date will no	nt to 605.0207 (t be listed as t
ecord sp is filed.	ecifies a delayed	l effective date, bu	t not an effectiv	e time, at 12:01 a	i.m. on the earlie	r of: (b) The 90th o	day after the
ited	Jan	28	<u> </u>	2			
		(ph	avM	HC			
		Signature	of immember or a	uthorized represent	ative of a member		