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OIVISION OF CORPORATIONS

T. MATTHEWS
JUN 27 2022

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: GWW Handiman Services, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
George Wilson
Rame of Person Services, LLC Eigh/Company
211 NE County Road 234
Gainesville, FL 32641
City/State and Zip Code Chilly @ Gmail. Com J-mail address: 00 be used for future annual report notification)
For further information concerning this matter, please call:
Glurge Wilson at 352, 222 1296 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25,00 Filing Fee

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

DIVISION OF CORPORATION

Services Light Take of state

(Name of the Limited Lightlity Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Florida document number <u>L2200011309</u>	Company were filed on $03 04 2022$ and assigned 0 .
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and contain the words "Li	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD	RESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	ed office address on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	City 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
MGR Greorgew.wilson	George W. Wilson	211 NE County led 234 Gainesvilley FZ 32641	(lix/dd
			□Remove
		□Change	
		🗀 Add	
		□Remove	
		□Change	
		□Add	
			⊡Remove
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			□Change
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		□Add	
			□Remove
			□ Channa

-	
	
	
(If an effective Note: 11 the	ate, if other than the date of filing:
he record spec ord is filed.	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	04/29/2022.
_	Signature of a member of authorized representative of a member
	(h /) "