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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : KAUFFMAN THOMPSON, PLLC

Account Number : I20210000121 : (941)479-3006 : (941)777-4577 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: reports@kauffmanthompson.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MILT'S HANDYMAN & NOTARY SERVICES, LLC

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Help

K. SALY OCT 1 1 2022 ((((H22000346921 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



	DYMAN & NOTARY SERVICES, LLC	$-i \partial n H f$
(Name of the Limited Lin (A Flo	hillty Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liabilit	y Company were filed on 03/24/2022	and assigned
Florida document number L22000121778	 -	
This amendment is submitted to amend the following	;	
A. If amending name, enter the new name of the l	imited liability company here:	
MILT'S HANDYMAN SERVICES, LLC		
The new name must be distinguishable and contain the words "	Limited 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 AD	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
	egistered office address on our records, ent	er the name of the new
registered agent and/or the new registered office a	address here:	
Name of New Registered Agent:		
New Registered Office Address:		
TOW INCESSION OF THE TRANSPIR	Enter Florida strees address	
	lilorida	
	, Florida	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

((((H22000346921 3)))

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	KIM F. BONTRAGER	5709 33RD ST E	
			DbA □
		BRADENTON, FL 34203	
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		-	Change
			□ Remove
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(Itan e <u>Note</u>	Dective date is : If the date i	nserted in this b	st be specific un lock does not i	d cannot be prior	to date of filing or able statutory fil	more than 90 days			

Signature of a member of authorized representative of a member

MILTON L BONTRAGER, JR.

Typed or printed name of signee

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