

L220000179168

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

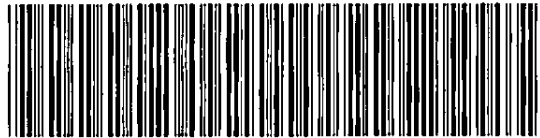
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

wrong form *8/12*

Office Use Only



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06/28/24--01029--021 **35.00

2024 AUG 12 PM 5:41
JUL 10 2024

AUG 15
S. PRATHER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 23, 2024

ONE TOUCH HANDYMAN SERVICES LLC
BRIAN JACKMAN
198 BRANTLEY ST SE
PALM BAY, FL 32909

SUBJECT: ONE TOUCH RENOVATIONS LLC
Ref. Number: W24000106787

AUG 12 2024

We have received your document for ONE TOUCH RENOVATIONS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

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) 245-6939.

Stacy Prather
Regulatory Specialist III

Letter Number: 824A00016211

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ONE Touch Handyman Services LLC

DOCUMENT NUMBER: L22000179168

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brian Jackman

Name of Contact Person

ONE Touch Handyman Services LLC

Firm/ Company

198 Brantley St SE

Address

Palm Bay, FL, 32909

City/ State and Zip Code

Jackadamon.bj.com@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brian Jackman

Name of Contact Person

at (321) 615-1758

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2024 AUG 12 FRI 5:41
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

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

N/A

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>	<u>Type of Action</u>
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
		N/A	☐ 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.)

N/A

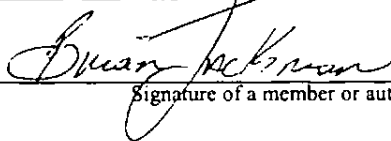
E. Effective date, if other than the date of filing: N/A (optional)

(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.

Dated 8/7/2024



Signature of a member or authorized representative of a member

Brian Jackman

Typed or printed name of signee

Filing Fee: \$25.00

2024 AUG 12 PM 5:41