L22000179168

(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:

Name/form 8/12

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AUG 15

S. PRATHER

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 23, 2024

AUG 12 2024

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

SUBJECT: ONE TOUCH RENOVATIONS LLC
Ref. Number: W24000106787

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

Jackadiamon.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 at (321) 615 - 1758
Name of Contact Person 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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ONE Touch Handyman Services LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 4/14/2022 and assigned Florida document number L22000179168.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ONE Touch Renovations 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 ADDRESS)

198 Brantley St SE
Palm Bay FL, 32909

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

N/A Same as above

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: N/A

New Registered Office Address: _____
Enter Florida street address

_____, **Florida** _____
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.

N/A
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

Title	Name	Address	Type of Action
			☐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

Brian Jackman

Signature of a member or authorized representative of a member

Brian Jackman

Typed or printed name of signee

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Filing Fee: $25.00