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SECRETARY OF STATE OF STA

COVER LETTER

TO: Registration Section
Division of Corporations

The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Firm/Company State of Person Firm/Company State and Zip Code E-mail address: (to be used for future annual report notification) There information concerning this matter, please call: Name of Person Area Code Daytime Telephone Number	
David Thomas Name of Person	
Firm/Company	
5719 Bambi Drice.	
Cabeland Florda 33309 City/State and Zip Code	
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	
at () Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Certificate of Certificate of Certificate of Certified Copy is enclosed)	of Status & opy
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JUL 13 PM 3:38 THOMAS AND THOMAS HANDYMAN LLC (Name of the Limited Liability Company as it now appears on our retords) RY OF (A Florida Limited Liability Company) TALLAHASSEE, PLOT The Articles of Organization for this Limited Liability Company were filed on ______ and assigned Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registere agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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 adde or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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