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(Re	questor's Name)	·
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

TO:

Tallahassee, FL 32314

	gistration Se vision of Cor				
SUBJECT:	BoltUp Hai	ndyman Services LLC			
SUBJECT		Name of Lim	ited Liability Company		······································
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please retur	n all correspo	ondence concerning this matter	to the following:		
		Michael Dempsey			
		***************************************	Name of Person		
		ZenBusiness Inc.			
		 	Firm/Company		WWW.APM
		336 E College Ave, Ste 30	1		
		•	Address	· · · · ·	···
		Tallahassee, FL 32301			
			City/State and Zip Code		
		fulfillment@zenbusiness.co	m to be used for future annual.	peare natificati	on)
For further	information c	oncerning this matter, please ca			
Michael De	mpsey c/o Ze	enBusiness Inc.	844 493 at ()	3-6249	
	Name o	f Person	Area Code	Daytime Tel	ephone Number
Enclosed is	a check for th	ne following amount:			
■ \$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl		☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	ailing Addres		Street Ad		
	gistration S			ation Section	
	O. Box 632	orporations 7		n of Corpora atre of Talla	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIED

2022 JUL 22 PM 2: 47 BoltUp 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 $\frac{05/31/2022}{2}$ and assigned Florida document number _____1.22000249484 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 "LLC." 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _. Florida __ City

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>	Name	Address	Type of Action
AMBR	Noah Holden Hoopes	5721 Hibiscus Rd	
		Pensacola, FL 32504	≣Remove
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Effective date, if other than the fan effective date is listed, the date in Note: If the date inserted in this document's effective date on the	nust be specific a block does not	and cannot be prior t meet the applie	cable statutory fili		iling.) Pursuant to 605,0207
record specifies a delayed effect d is filed.	tive date, but n	ot an effective t	ime, at 12:01 a.m	on the earlier of: (b)	The 90th day after the
Dated		2022	<u></u> .		
/s/ Blake Uzdeve					
	-		orized representativ		

Filing Fee: \$25.00