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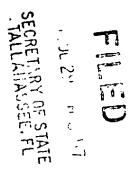
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· COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 1118 S CAUD CAPE Name of Limited Liability C	and Handyman Services, CLC
The enclosed Articles of Amendment and fee(s) are submitted for filling	ո <u>գ</u> .
Please return all correspondence concerning this matter to the following	ng:
CYCl Name o	TY Y Y
Nurery's Lawr Car	e and Handyman Services, LLC.
8906 SW WOOTE	ALUFTY Iress
Kurard Fl 3244 City/State a	nd Zip Code
E-mail address: (to be used for	OO, COM future annual report notification)
For further information concerning this matter, please call:	
	250, 819-7910 ea Code Dayrime Telephone Number East 15 East 25 East 25
Certificate of Status Certif	Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration 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

imited 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 June 31 2032 and assigned Florida document number <u>LAAMO</u>AS 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 "L1.C" or the abbreviation "L1.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 registered 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 added or removed from our records:

Type of Action

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>Amer</u> R	Charles M. Nunery Jr.	89010 SWillanten Uhy	ľX⁄Add
		89010 SWillanten Why Kipard FL 32449	Remove
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			□Add
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-				(option:	al)
f an effective date is lis Note: If the date in:	ther than the date of sted, the date must be spe serted in this block do e date on the Departm	citic and cannot be priors as not meet the applic	cable statutory ining	e than 90 days after fil	ing.) Pursuant to 605,0207 ate will not be listed as
e record specifies a cod is filed.	delayed effective date.	but not an effective (time, at 12:01 a.m. of	n the earlier of: (b)	The 90th day after the
Dated July	21c	9099	<u></u>		
	Signa	TO SCA	horized representative of	of a member	
	•				

Filing Fee: \$25.00