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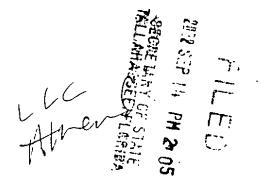
	(Requestor's Name)
((Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
((Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

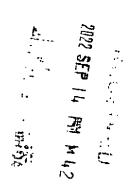
Office Use Only



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SEP 1: 2022 DOCUMENTS

COVER LETTER

Division of Corporations	
SUBJECT: THZCP And Son Handyman LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Stacey Marcaldo Itzep	
Itzep And Son Handyman UC	
10369 Cancils Way	
Temple Terrace, Fl 33217 Speedy 10. COM @ I. Cloud. W	١ ٢
E-mail address: (to be used for future annual report notification)	<i>,</i> ,
For further information concerning this matter, please call:	
Stacey Meregildo Itzepat (813) Arca Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)	
Mailing Address: Street Address:	

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

TO:

Registration Section

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**

Itzep And Son t	tondyman UC
Name of the Limited Liability Comp (A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Compan Florida document number	SSIA # F F
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia The new name must be distinguishable and contain the words "Limited Liab	AUMANELLE
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	10369 Cancels Way Temple Terrace, fl 33617
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10369 Councils Way Temple Terrace, fl 33617
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	n Meregildo Itzep
New Registered Office Address:	Enter Florida street address No. Terrace Florida 33617
New Registered Agent's Signature, if changing Registered Agen	City Zip Code t <u>:</u>

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.

fif 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>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			XChange
cinger	Stacey Meregildo	Itrop 10369 Carrils	MA JAdd
		Temple Terrace, f	- ☐ Remove
		3301-	├ □Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
We need to Add our Other half of last name.
It should say- meregildo-Itzep
Also the Address-
Temple Ferrace, fl
Effective date, if other than the date of filing:
ne 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 ord is filed.
Dated 09/9-33 Notary Public State of Florida Marie C Flores My Commission GG 976823 Expires 07/28/2024
Signature of a member or authorized representative of a member Out