# 122000315150

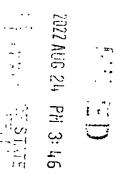
(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	,

Office Use Only



800392759978

08/24/22 - 01908 -- 865 - \*\* 25, 96



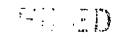
A PUT 1 NOV 17 2022

# **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: ASDURY CNSTr and Handynan Son Name of Limited Liability Company	ervice
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Pshuse and Handungen Service	- Lia
Asbury Constraind Handyman Service	<u> </u>
230 Earl Godwin RD LC+4	-
City/State and Zip Code  CSbury 44446 Taloud. Com  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Ryun Asbury at (850) 797-804.  Area Code Daytime Telephone Number	<del>)</del>
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	ate of Status &
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 8	810

Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



2022 AUG 24 LPH 3: 46

Asbury Constr	and Handi	uman Sevilli	业 2 H 3: 46
( <u>Name of the Limite</u> )	Liability Company as it noy A Florida Limited Liability Co	a appears on our records.) impany)	OF STATE
The Articles of Organization for this Limited Lia Florida document number $\Box$	bility Company were filed	d on 7/14/20	32 and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	<u></u>	<del></del>	
The new name must be distinguishable and contain the wo	sction LL		
The new name must be distinguishable and contain the wo	rds "Limited Liability Compar	iy," the designation "LLC" c	or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u> </u>		
B. If amending the registered agent and/or re agent and/or the new registered office address		n our records, <u>enter th</u>	ie name of the new registered
Name of New Registered Agent:			
New Registered Office Address:		·	
	E	Inter Florida street address	
		Flori	
	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.

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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			FiChanua

				<del></del>			
<del></del>							
			_		·-		
<del></del>			<del></del>		<del></del>		
		<u>,, , , , , , , , , , , , , , , , , , ,</u>					
<del></del>							
					<del></del>		
	· · · · · · · · · · · · · · · · · · ·			·			
	<del></del>		<del>.</del>	<del></del>			
Magrico dar	. :6 a4b4b	the date of fili		2-18-2	<b>)</b>	( D	
an effective da ote: If the d	ite is listed, the date ate inserted in th	e must be specific a	nd cannot be p meet the app	rior to date of fili olicable statuto	ng or more than 90	(optional) ) days after filing.) P nents, this date w	ursuant to 605,0207 ( ill not be listed as t
record specif is filed.	ies a delayed effi	ective date, but no	ot an effectiv	re time, at 12:0	l a.m. on the ear	lier of: (b) The s	90th day after the
	2-18	- 5025	<u>-</u>	·			
ated		_					
ated	8-18 Mm	- All March	member or a	uthorized represe	entative of a mem	per	

Filing Fee: \$25.00



Department of State / Division of Corporations / Search Records / Search by Entity Name /

# **Detail by Entity Name**

Florida Limited Liability Company
ASBURY CNSTR. AND HANDYMAN SERVICES LLC

## Filing Information

**Document Number** 

L22000315150

FEI/EIN Number

NONE

Date Filed

07/14/2022

**Effective Date** 

07/14/2022

State

FL

Status

**ACTIVE** 

#### Principal Address

230 EARL GODWIN ROAD

LOT 4

FREEPORT, FLORIDA 32439

#### Mailing Address

230 EARL GODWIN ROAD

LOT 4

FREEPORT, FLORIDA 32439

## Registered Agent Name & Address

ASBURY, RYAN

230 EARL GODWIN ROAD

LOT 4

FREEPORT, FLORIDA, FL 32439

## Authorized Person(s) Detail

NONE

## **Annual Reports**

No Annual Reports Filed

#### **Document Images**

07/14/2022 -- Florida Limited Liability

View image in PDF format