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COVER LETTER

TO:

Registration Section Division of Corporations

	DYMAN SERVICES LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
	ndence concerning this matter				
	CATHERINE WADE-BA	BYAK			
		Name of Person			
	CAC HANDYMAN SERV	VICES LLC			
		Firm/Company			
	2005 NW 179 AVENUE				
		Address			
	PEMBROKE PINES, FL	33029			
		City/State and Zip Code			
	CACHANDYMAN@HOT				
	E-mail address: (to be used for future annual report notif	ication)		
For further information c	oncerning this matter, please ca	all:			
CATHERINE WADE-B	ABYAK	954 609-0155			
Name of Person		at () Area Code Daytime	e Telephone Number		
Enclosed is a check for the	he following amount:				
□ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address Registration (Division of C P.O. Box 632	Section Corporations	Street Address: Registration Sec Division of Cor The Centre of T	porations		
Tallahassee,			2415 N. Monroe Street. Suite 810		

Tallahassee, FL 32303

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

FILED

2022 AUG 12 PM 4: 08

CAC HANDYMAN SERVICES LLC

(Name of the Limited Liability Company as it now appears on our recorder ALL AHASSEE, FL

The Articles of Organization for this Limited Liability Company Florida document number 1.22000329605	were filed on 07/26/2022	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the new name must be distinguishable and	ity 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 a	ddress on our records, en	ter 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		
	, FloridaZip Code		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree			

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>	<u>Name</u>	Address	Type of Action
AMBR	CAITLYN BABYAK	2005 NW 179 AVENUE	
		PEMBROKE PINES, FL 33029	■Remove
			Change
			□Add
			□Remove
			☐Change
			□ Add
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Effective date, if other than the fan effective date is listed, the date inserted in this document's effective date on the	nust be specific a block does no	and cannot be price t meet the appli	or to date of filing of cable statutory f	or more than 90 days a	ptional) ofter filing.) Pursus this date will no	ant to 605.0207 (ot be listed as t
e record specifies a delayed effect d is filed.	rtive date, but n	ot an effective	time, at 12:01 a.	m. on the earlier of	f: (b) The 90th	day after the
Dated		. 2022	,			
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Filing Fee: \$25.00