# Florida Department of State Division of Corporations

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(((H22000423494 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **C&B HANDYMAN SERVICES LLC**

| Certificate of Status | 0       |
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Registration Section

TO:

#### **COVER LETTER**

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| Division of Co              | rporations                       |   |  |
|-----------------------------|----------------------------------|---|--|
| SUBJECT.                    | C&B HANDYN                       | MAN SERVICES LLC                                |  |
| SUBJECT:                    | Name of Lim                      | ited Liability Company                          | <u> </u>   |
|                             |                                  |   |  |
| The enclosed Articles of    | Amendment and fee(s) are sub     | mitted for filing.                              |  |
| Please return all correspo  | ondence concerning this matter   | to the following:                               |  |
|                             | Lovette Dobson                   |   |  |
|                             |                                  | Name of Person                                  | <del></del>  |
|                             | <u></u>                          | Firm/Company                                    | <u> </u>   |
|                             |                                  | ennic ombany                                    |  |
|                             | 17350 State Hwy 249, #22         | 0   |  |
|                             |                                  | Address   |  |
|                             | Houston, TX 77064                |   |  |
|                             |                                  | City/State and Zip Code                         |  |
|                             | EFILE1234@INCFILE.CO             | M<br>to be used for future annual report notif  | with and all the state of the s |
| For further information c   | oncerning this matter, please co | ·   | к анолг  |
| Lovette Dobson              |                                  |   | 3  |
| Name o                      | t Person                         | at {  | : Telephone Number   |
| Enclosed is a check for the | he following amount:             |   |  |
| ■ \$25,00 Filing Fee        | ☐ \$30.00 Filing Fee &           | ☐ \$55.00 Filing Fee &                          | □ \$60,00 Filing Fee.  |
|                             | Certificate of Status            | Certified Copy<br>(additional copy is enclosed) | 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

### (6H22000423494/3)))

## ARTICLES OF ORGANIZATION OF

| C&B HANDYM  | AN SERVICES LLC  |  |
|---|--|--|
| ( <u>Name of the Limited Liability Con</u><br>(A Florida Limit  | ipany as it now appears on our rec<br>ed Liability Company)  | ords.)   |
| The Articles of Organization for this Limited Liability Compa<br>Florida document number 1.22000339373  | ny were filed on 08/02/2022                                  | and assigned   |
| This amendment is submitted to amend the following:   |  |  |
| A. If amending name, enter the new name of the limited li   | ability company here:  |  |
| CORREA REPAIR & RENOVATIONS LLC   |  |  |
| The new name must be distinguishable and contain the words "Limited Lie   | ability Company," the designation "I                         | AC" or the abbreviation "L.I.C."                           |
| Enter new principal offices address, if applicable:   | 177 Chicory Ave Ne   | <b>202</b>   |
| (Principal office address MUST BE A STREET ADDRESS)   | Palm Bay, FL 32907   | 2 DE T   |
|   |  | <u> </u>   |
|   |  | SSSS P M   |
| Enter new mailing address, if applicable:   |  | in a   |
| (Mailing address MAY BE A POST OFFICE BOX)  |  | )<br>STE   |
|   | ***************************************                      | ' H -  |
| B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:  Name of New Registered Agent:   | e address on our records, <u>en</u>                          | er the name of the new registered                          |
| New Registered Office Address:  | Enter Florida siveet ada                                     | huss   |
|   |  |  |
|   | City   | Florida  |
| New Registered Agent's Signature, if changing Registered Ager   | <u>ut:</u>   |  |
| I hereby accept the appointment as registered agent and approvisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officeompany has been notified in writing of this change. | te performance of my duties,<br>s provided for in Chapter 60 | and I am familiar with and 5, F.S. Or, if this document is |
| ĪſĊĭ  | nanging Registered Agent, Signatur                           | re 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: (((1122000423494 3)))

| MGR =  | Manager    |        |
|--------|------------|--------|
| AMBR = | Authorized | Member |

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|---------|----------------|
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| fective date, if other than the date of filing:  (optional)  in effective date is bised, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6053  tes: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste cument's effective date on the Department of State's records.  ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after is filed.  | · · · · · · · · · · · · · · · · · · ·  |   |  | <del></del>                                |
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| netfective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 ter. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste cument's effective date on the Department of State's records.  Excord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after is filed.   |  |   |  |  |
| neffective date is listed, the date most be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 tee: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste cument's effective date on the Department of State's records.  ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after is filed.  |  |   |  |  |
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| December 16th 2022  | reffective date (s listed, the date most be sp<br>te: If the date inserted in this block d | ecific and cannot be prior to da<br>oes not meet the applicable | ie of filing or more than 90 days after filing.) P | ursuant to 605,020<br>ill not be listed a: |
| December, 16th 2022   |  | , but not an effective time, a                                  | at 12:01 a.m. on the earlier of: (b) The s         | 10th day after the                         |
| ted   | December, 16th   | 2022  | ,<br>I   |  |
| Signature of a member of authorized representative of a member  | Sima   | 117 27 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1                         | Megas  |  |
| Kelly Correa Illescas   | Signa  |   |  |  |