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## **COVER LETTER**

TO:

Registration Section

Division of Co	orporations		
	DYMAN & POOL SERVICES	LLC	
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oundence concerning this matter	to the following:	
	DAVE GONZALEZ		
	<del></del>	Name of Person	
	365 HANDYMAN & POC	DL SERVICES LLC	
	<del></del>	Firm/Company	
	919 SE 16TH TERRACE	<u> </u>	
		Address	
	CAPE CORAL, FL 3399	0	
		City/State and Zip Code	<del>.</del>
	LUZNIEVES@YAHOO.C		
	E-mail address: (	to be used for future annual report no	tification)
For further information	concerning this matter, please c	all:	
LUZ NIEVES		239 246-9689	
Name	of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Division of P.O. Box 63 Tallahassee.	Section Corporations 27	Street Address: Registration S Division of Co The Centre of 2415 N. Monr	orporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

303 HAINDTIMAIN & POOL SERVICES LLC		
(Name of the Limited Liability Comp	pany as it now appears on our records.) Liability Company)	
(A Florida Limited	i Clability Company)	. ကို ကို
The Articles of Organization for this Limited Liability Compan	y were filed on 08/17/2022	رت and assigned
Torida document number L22000361791		
his amendment is submitted to amend the following:		
x. If amending name, enter the new name of the limited lia	bility company here:	
365 HANDYMAN SOLUTIONS LLC		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or t	he 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)		
3. If amending the registered agent and/or registered office	address on our records, enter the	name of the new regist
gent and/or the new registered office address here:		
Name of New Registered Agent:		
N. D. 1007 A.H.		
New Registered Office Address:	Enter Florida street address	
	Some Annual Street according	
	, Florid:	
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

SCELLANDVINANTS DOOL OFFINIOFICELLO

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 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
			□Remove
			□Change
	-	·	□Add
			□Remove
			Change
			□Add
			□Remove
			□Add
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Effective date, if other (If an effective date is listed, Note: If the date inserte document's effective date	ed in this block does no	of meet the applicat	date of filing or mo	(option re than 90 days after f requirements, this	nal) iling.) Pursuant to 60 date will not be li	05.0207 (. sted as th
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