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(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
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COVER LETTER

Registration Section

Division of Corporations

TO:

	igent Quality Handyman Servic Name of Lin	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Charles Nugent			
		Name of Person		
	Charles Nugent Quality H	andyman Services		
		Firm/Company		
	126 N Cunningham Ave			
		Address		
	Inverness, FL 32778			22 S
		City/State and Zip Code		(a)
	cnugenthandyman@gmail.			26 26
	E-mail address: (to be used for future annual report noti	fication)	P X
For further information c	concerning this matter, please c	all;		ယ္
Charles Nugent		352 346-4260 at ()		29
Name o	f Person		e Telephone Number	_
Enclosed is a check for t	he 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 F Certificate of S Certified Copy (additional copy is	Status &
Mailing Address Registration : Division of C P.O. Box 632 Tallahassec.	Section Corporations 27	Street Address: Registration Se Division of Con The Centre of T	porations	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Charles Nugent Quality Handyman Services, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on September 12, 2022 and assigned Florida document number ^{1,22000397651} This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City 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>	<u>Name</u>	Address	Type of Action
MGR	Charles Nugent	126 N Cunningham Avenue	■Add
		Inverness, FL 34453	□Remove
			□Change
			□Add
			□Remove
			22 Change
			Bridge PH
			Chemove Chemove
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			Change

	
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	26
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	st be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0, ock does not meet the applicable statutory filing requirements, this date will not be listed
record specifies a delayed effective is filed.	re date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after t
September 21	2022
ated September 21	$\frac{2022}{2}$
ated	Ind Child
ated	Signature of a member or anthorized representative of a member