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COVER LETTER

TO:

Registration Section

Division of Co	rporations							
SUBJECT: Uriah Hand	lyman Services, LLC							
	Name of Lin	nited 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:						
	Chase U McDonald							
		Name of Person	*****					
	Uriah Handyman Services	, TJLC						
		Firm/Company						
	139 Rainbow Blvd.							
		Address						
	Babson Park, FL 33827		2077 SEE					
		City/State and Zip Code						
	chase@uriahhandymanserv		· · · · · · · · · · · · · · · · · · ·					
	E-mail address: (to be used for future annual report not	ification)					
∵r further information c	concerning this matter, please:	all:	2072 MOV 21 PH 1: 36 SECRETARY OF STATE TAIL TO ASSAFE THE					
		at ()						
Name o	i ^t Person	Area Code Daytin	ne Telephone Number					
Enclosed is a check for the	he following amount:							
\$25.00 Filing Fee	☐ \$30.00 Filing For & Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)					
Mailing Address Registration S		Street Address: Registration Sc	ection					
Division of Corporations		Division of Corporations						
P.O. Box 632		The Centre of						
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810						

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Uriah Handyman Services, LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on 11/02/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	pility Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	······	<u> </u>
		22 H 30 R 30 R
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		2
		SS C P
B. If amending the registered agent and/or registered office	address on our records, <u>enter th</u>	e name of the new regist
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		·
	Enter Florida street address	
-		ida
	City	Zin 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 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
AR	ANDREA O'NEILL	139 RAINBOW BLVD.	□Add
		BABSON PARK, FL 33827	■Remove
			©Change
MGR	CHASE U MCDONALD	139 RAINBOW BLVD.	■Add
		BABSON PARK, FL 33827	□Remove
			□ Change
		 	□Add
			2027 Remove
			Add³ Add³ Remove
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ffective date, if other that an effective date is listed, the da	te must be specifie	and cannot be	prior to date o	f filing or mor	e than 90 days	optional	g.) Purs	suant to (<u> </u>
lote: If the date inserted in to ocument's effective date on to				utory filing	requirement	s, this dat	e will	not be l	isted as
record specifies a delayed ef is filed.	fective date, but	not an effect	ive time, at 1	2:01 a.in. or	the earlier (of: (b) T	he 901	h day a	fter the
		2022							
November 16									

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