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## **COVER LETTER**

TO: Registration 5 Division of Co			
SUBJECT: KilliA	NS Handyman S Name of Lin	OCRUICES LLC, nited Liability Company	<del></del>
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	James L K	Name of Person	
	Killiaw's Han	Idyman Services a	LLC
	24123 Peachla	AB/VA C-4 +252 Address	
	Port Charlot	te, FL 33954 City/State and Zip Code	<u> </u>
	Killianhanduna E-mail address: (	N'SEK VICES (Pan.al). Co to be used for future annual report notif	Dr. lication)
For further information	concerning this matter, please ca	all:	
JAMES KIL	of Person	at ( <u>405)</u> <u>802-1</u> Area Code Daytime	692— e 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre	SS:	Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

			2	024 FED -5	f:: 7: 49
Killian S Handyman (Name of the Limited Liabil (A Florid	SERVI	ces LLC			
(Name of the Limited Liabil	lity Compar	ny as it now appears	on our recor	<u>ds.)</u> :	
			11100121	022	
The Articles of Organization for this Limited Liability (	Company	were filed on 🚣	15,2	<del>024</del>	_ and assigned
Florida document number <u>L 22000 48 1656</u>			·	•	
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lim	<u>iited liabi</u>	lity company her	<u>e</u> :		
Killian's Handyman & Home Unt	ch Ser	rvices LLC	,		
The new name must be distinguishable and contain the words "Lir	nited Liabili	ity Company," the des	signation "LL	C" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:					
Principal office address MUST BE A STREET ADD	RESS)		·		<del></del>
			•		<del></del>
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					<del></del>
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		ddress on our rec	cords, <u>ente</u>	r the name o	of the new registered
Name of New Registered Agent:					
New Registered Office Address:					
		Enter Floria	la street addre	.7.7.2	
	<del></del>		, F	lorida	Tim Cooks
		City			zip Coae

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 rentoved from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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fan effective date <b>Note:</b> If the da	, if other than the is listed, the date meter inserted in this ective date on the	nust be specific block does no	and cannot be po of meet the app	rior to date of filin blicable statutor	ig or more than 90	(optional) days after filing.) nents, this date v	Pursuant to 605.020 vill not be listed a
e record specific rd is filed.	es a delayed effect	tive date, but i	not an effectiv	e time, at 12:01	a.m. on the ear	icrof:(b) The	90th day after the
Dated Febr	July		<u>2024</u>	·			
	/ / 1/// // '						
	GAGA (	Signature of	f a member or a	uthorized represen	ntative of a memb	cr	