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2/15/23 V.L. SECRETARY OF STATE

COVER LETTER

TO: Registration Section **Division of Corporations**

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Laura L Whiteside		
		Name of Person	
	Hicks Whiteside, PLLC		
		Firm/Company	
	1206 Beacon Hill Drive		
		Address	
	Tampa, FL 33613-2001		
		City/State and Zip Code	
	LWhiteside@hicksknight.ed		
	E-mail address: (to be used for future annual report noti-	lication)
For further information of	concerning this matter, please c	all:	
Laura L Whiteside		813 787-4034 at ()	
Name (of Person	Area Code Daytim	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 Fee, Certificate of Status & Certified Copy tadditional 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 ARTICLES OF ORGANIZATION OF

JOHN WHITESIDE REPAIRS, MAINTENANCE, & CONTRACTING, 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 $\frac{11/2}{2}$ Florida document number L22000496214 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: JOHN WHITESIDE HANDYMAN, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the 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) 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:

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.

Cirv

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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>	<u>Address</u>	Type of Action
			□Remove
			☐ Change
			□Add
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ocument's effective date on the De			e commence y coming			
record specifies a delayed effective l is filed.	date, but not an	effective time.	, at 12:01 a.m. or	the earlier of: (b) The 90th day af	ter the
December 1		2022				
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	10111 100					
Myn X	ignature of a men	nber or authorize	ed representative o	f a member		
My y	Signature of a men	nber or authorize	ed representative o	f a member		

Filing Fee: \$25.00