

1230000064676

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800419221568

11/27/23--01036--006 **25.00

FILED
2023 NOV 27 AM 11:06
STATE
TREASURY
12/11/23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KEVIN'S ONE STOP SHOP HANDYMAN SERVICE'S, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Corporate Maintenance Lead

Name of Person

Processing Department

Firm Company

1450 Vassar St

Address

Reno, NV 89502

City State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Processing Department

Name of Person

at (800) 638-2320

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|---|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee &
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|---|

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
2023 NOV 27 AM 11:06
CLERK OF SUPERIOR COURT
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

KEVIN'S ONE STOP SHOP HANDYMAN SERVICE'S, 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 02/03/23 and assigned
Florida document number L23000064676.

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 "L.L.C."

Enter new principal offices address, if applicable: 781 Avalon St SE
(Principal office address MUST BE A STREET ADDRESS) Palm Bay, FL 32909

Enter new mailing address, if applicable: 781 Avalon St SE
(Mailing address MAY BE A POST OFFICE BOX) Palm Bay, FL 32909

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

_____, Florida _____
City Zip 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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Kevin Wedderburn	781 Avalon St SE	<input type="checkbox"/> Add
		Palm Bay, FL 32909	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Kelecia Wedderburn	781 Avalon St SE	<input type="checkbox"/> Add
		Palm Bay, FL 32909	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2023 NOV 27 AM 11:05
STAFF
FL

2023 NOV 2

05
10
15
20
25
30
35
40
45
50
55
60
65
70
75
80
85
90
95
100

PURSUANT TO 602.0207 (3)(b)
 WILL NOT BE LISTED AS THE

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated November 16 2023

Kevin Wedderburn

Filing Fee: \$25.00