## 23000117711

(	Requestor's Name)
	Address)
	Add
(,	Address
(	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	Queinos Enth, Name)
(	Business Entity Name)
(	Document Number)
Certified Copies	Certificates of Status
Special Instructions to F	Filing Officer:
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2023 JUL 19 PH 2:45



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## **COVER LETTER**

TO:

**Registration Section** 

Tallahassee, FL 32314

Division	of Corporations	•		
SUBJECT:	Statew	ide Han Name of Lim	dyman Service ited Liability Company	5 666
The enclosed Artic	cles of Amendme	ent and fee(s) are sub	mitted for filing.	
Please return all co	orrespondence co	oncerning this matter	to the following:	
			Barnes Name of Person Hendyman Ser	
			Firm Company	
		511 Scrar	lon Ave	
		clearwate	r f/ 3379	56
	<u>_</u>	D f/hana E-mail address: (	City/State and Zip Code  dymanser vice 523  to be used for future annual report no	otification
For further inform		this matter, please ca		
Ryan	Barnes Name of Person		at ( <u>727</u> ) <u>35 g</u> Area Code Dayt	8 - 72/6 ime Telephone Number
Enclosed is a chec	k for the followi	ng amount:		
□ \$25.00 Filing		.00 Filing Fee & ertificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Registr Divisio	Address: ation Section n of Corporati ox 6327	ons	Street Address: Registration S Division of C The Centre of	orporations
r.O. D(	IN USET		The Centre of	Landingsec

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

•		10 -
Statewide Handyman	JEVILLOS LUC	19 PH 2:45
( <u>Name of the Limited Liability Compa</u> (A Florida Limited)	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on $3/6/23$	and assigned
Florida document number $\frac{L23060117711}{L}$ .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the al	bbreviation "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)		<del></del>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the nam	ne of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
Ambr	Reginald Barnes	1511 Scranfon Ave	□Add
	·	1511 Scranton Ave Clearwater F1 33756	Remove
			□Change
			□Add
		<del></del>	□Remove
			□Change
			□Add
			□Remove
			□Change
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. Effective	e date, if other than the date of filing: (optional)
. Effective	e date, if other than the date of filing:
Note: If	e date, if other than the date of filing:
Note: If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
Note: If document	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t's effective date on the Department of State's records.
Note: If document the record s	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t's effective date on the Department of State's records.  specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
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Filing Fee: \$25.00