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COVER LETTER

Division of Corporations			
SUBJECT: Park	KS Handy Se	ervices LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	0.0		
	<u>Carly Pai</u>	Name of Person	
	,	Name of Person	
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		Firm/Company	·
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	Makanals	E1 341775	
	NOKOMIS	City/State and Zip Code	
	Parks han	FL 34275 City/State and Zip Code dy. II C @ g mail. C to be used for future annual report noti	om
	E-mail address: (to be used for future annual report noti	fication)
For further information co	oncerning this matter, please c	all;	
Carly Po	urks	at (941) 303	.7388
Name of	Person	at (797) 500 Area Code Daytim	c Telephone Number
		,	•
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	≤ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee.
_ 323,007 Imig rec	Certificate of Status	Certified Copy	Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section		Street Address: Registration Section	
Division of Corporations		Division of Corporations	
P.O. Box 632	7	The Centre of T	allahassee
Tallahassee, F	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Parks Handy Servi	ces LLC	
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 923085329	were filed on $3 \cdot 9 \cdot 23$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		202 17AU
(Principal office address MUST BE A STREET ADDRESS)		AH C
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		TARY OF SINIE
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 i	name of the new registered
Name of New Registered Agent:		-
New Registered Office Address:		
	Enter Florida street address	
	Florida	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 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
<u>amb</u> R	Rick Parks	108 VeronastN	
		Nokomis, FL 34275	□Remove
		·····	MChange
MGR	Rick Parks	108 Verona St N	Z Add
		Nokomis, FL 34275	□Remove
			□Change
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effective date is liste e: If the date inser	er than the date of filing: the date must be specific and cannot be prior to date of filing ed in this block does not meet the applicable statutory ate on the Department of State's records.	
cord specifies a del s filed.	eyed effective date, but not an effective time, at 12:01 a	a.m. on the earlier of: (b) The 90th day after the
ed 6-5	- 23	
	Carly A, Park Signature of a member or authorized represent	tative of a member
	organitie of a member of authorized represent	MANUTURE CONTRACTOR OF THE PROPERTY OF THE PRO