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### **COVER LETTER**

# **Division of Corporations** Nicoy Handyman Services LLC SUBJECT: 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: Nicoy Wolliston Name of Person Nicoy Handyman Services LLC Firm/Company 11136 Stone Creek Street Address Wellington FI 33449 City/State and Zip Code nicoy.wolliston2019@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: olecia williams-wolliston Name of Person Enclosed is a check for the following amount: □ \$60.00 Filing Fee, \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address:

TO:

Registration Section

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

NICOY HANDYMAN SERVICES LLC		
(Name of the Limited Liability (A Florida L	Company as it now appears on our records. imited Liability Company)	)
The Articles of Organization for this Limited Liability Cor Florida document number L23000173093	mpany were filed on 04/07/2023	and assigned
	•	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limite</u>	ed liability company here:	
NICOY ELECTRICAL SERVICES LLC		
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	
Principal office address MUST BE A STREET ADDRE	<u> </u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		1
B. If amending the registered agent and/or registered of	office address on our records, <u>enter t</u>	he name of the new registe
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida Zip Code
	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 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
			□Add
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NICOY WOLLISTON		