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Office Use Only



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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

| Division of Co                |  |   |  |                  |
|-------------------------------|--|---|--|------------------|
| Hillman's<br>SUBJECT:         | Handyman Services LLC                        | <del> </del>  |  |                  |
|                               | Name of Lin                                  | ited Liability Company  |  |                  |
| The enclosed Articles o       | f Amendment and fee(s) are sub               | omitted for filing.   |  |                  |
|                               | ondence concerning this matter               |   |  |                  |
| ,                             |  |   |  |                  |
|                               | Kyle Hillman                                 |   |  |                  |
|                               |  | Name of Person  |  |                  |
|                               | Hillman's Handyman Serv                      | ices LLC  |  |                  |
|                               |  | Firm Company  | <del></del>  |                  |
|                               | 215 SE 22nd St                               |   |  |                  |
|                               | -  | Address   |  |                  |
|                               | Cape Coral, Fl. 33990                        |   |  |                  |
|                               |  | City/State and Zip Code   |  | 7923             |
|                               | hillmanshandyman@gmail.                      |   |  |                  |
|                               | E-mail address: (                            | to be used for future annual report notificati                            | ion)   | 923 LAY -9       |
| For further information       | concerning this matter, please c             | all:  |  | 哥                |
| Kyle Hillman                  |  | 239 922-6088  |  | 15.5<br>10:0119/ |
| Name                          | of Person                                    | at () Area Code Daytime Te  | lephone Number                                       | <u> </u>         |
| Enclosed is a check for       | the following amount:                        |   |  |                  |
| <b>≡</b> \$25.00 Filing Fee   | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | S60.00 Filin Certificate Certified Ce tadditional co | of Status &      |
| Mailing Addre<br>Registration |  | Street Address:<br>Registration Sectio                                    | n  |                  |
| Division of O<br>P.O. Box 63  | Corporations                                 | Division of Corpor<br>The Centre of Talla                                 |  |                  |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hillman's Handyman Services 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 4/20/23 and assigned Florida document number L23000195044 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.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: Cape Coral Tax & Accounting Services, LLC Name of New Registered Agent: 3306 Del Prado Blvd, S New Registered Office Address: Enter Florida street address Cape Coral

## 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> | Address | Type of Action |
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| Kyle Hillman   |  | — <i>'Y</i>                           | Signature of a member or authorized representative of | of a member .                    |               |
|  |  | Kyle Hillman                          |   | \$ 60<br>\$1                     | <u> </u>      |

Filing Fee: \$25.00