## L23000227902

(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:





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## **COVER LETTER**

O: Registration So Division of Cor			
Sawyer's Ir UBJECT:	nterior Painting LLC		
	Name of Line	ited Liability Company	
ne enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
ease return all correspo	ondence concerning this matter	to the following:	
	Roman P. Sawyer		
		Name of Person	
		Firm/Company	<del></del>
	931 Village Blvd Ste 905-	220	
		Address	
	West Palm Beach, FL 334		
		City/State and Zip Code	
	sawyershandymanpaintings	ervice@gmail.com to be used for future annual report notif	
r further information c	concerning this matter, please e	-	(Calibri)
oman P. Sawyer		561 308-8789 at ()	
Name o	of Person	Area Code Daytime	e Telephone Number
iclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	S60.00 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 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

Sawyer's Interior Painting LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on or Liability Company)	ir records.)
be Articles of Organization for this Limited Liability Company orida document number $\frac{L23000227902}{L}$ .	y were filed on May 202	and assigned
is amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	pility company here:	
wyer's Handyman & Painting Service LLC		
e new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designat	ion "LLC" or the abbreviation L.L.C."
iter new principal offices address, if applicable:		<u> </u>
rincipal office address MUST BE A STREET ADDRESS)		<u> </u>
		三三
ter new mailing address, if applicable:		2
ailing address MAY BE A POST OFFICE BOX)		
	address on our records	
ent and/or the new registered office address here:  Name of New Registered Agent:	Enter Florida stre	et address Florida
ent and/or the new registered office address here:  Name of New Registered Agent:	Enter Florida stre City	et address

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>	Name	<u>Address</u>	Type of Action
MGR	Cora L. Sawyer	2722 Poinsettia Ave Apt. 6, West Palm Beach, FL 33	40 ∈+∆dd
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ffective date, if other than the an effective date is listed, the date in ote:  If the date inserted in this	ust be specific at plock does not	nd cannot be pr t meet the app	ior to date of f licable statut	ling or more tha	n 90 days after t	iling.) Pursuant te	605,020 listed a
ocument's effective date on the	Department of	: State s recor	ds.				
record specifies a delayed effect is filed.	ive date, but n	ot an effectiv	e time, at 12:	01 a.m. on the	carlier of: (b)	The 90th day	after th
May 30th		2023					
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<del> </del>			10.00				
<del></del>	Signature of	armember or a	ithorized repre	sentative of a n	nember	)	

Filing Fee: \$25.00