123000237336

(Requestor's Name)
(Address)
(Address)
· · · ·
(City/State/Zip/Phone #)
(Oity/State/Zip/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
·
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

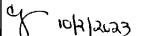
Office Use Only



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09/18/23--01009--010 **25.00

2023 STP 18 MH 7: 21



COVER LETTER

TO:

Registration Section

Division of Cor	rporations		
Trusty Hai	ndyman Services LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	amitted for filing	
		Ž.	
Please return all correspo	ondence concerning this matter	to the following:	
	Kristine Bigelow		
		Name of Person	
	Bridgespan Partners LL	C	
		Firm/Company	7
	2134 Alt US 19 Suite B		
		Address	
	Palm Harbor FL. 34683		
		City/State and Zip Code	·
	sierra@iplanstrong.com		
		to be used for future annual report n	otification)
For further information c	oncerning this matter, please c	aH:	
Kristine Bigelow		727 230-9000	
Name o	l'Person	at () Area Code Dayt	ime Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate 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)
Mailing Addres Registration S		Street Address: Registration S	Section
Division of C	orporations	Division of C	orporations
P.O. Box 632 Tallahassee, I		The Centre of 2415 N. Mon	Tallahassee roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 SEP 18 AN 7:21

Trusty Handyman Services LLC		٦,
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	oility Company were filed on 05/15/2023	and assigned
Florida document number L23000237336		
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company here:	
JBF Trusty Handyman Services LLC		
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicab	le:	_
(Principal office address MUST BE A STREET)	ADDRESS)	 -
	-	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	OV)	
		-
B. If amending the registered agent and/or registered affice address bagent and/or the new registered office address b	istered office address on our records, <u>enter the name</u> nere:	of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	timer i mrtaa sireet adaress	
	, Florida	
	Civ	Zin Codo

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:	get emer the true, name	t and address of each	person being added
MGR = Manag AMBR = Author				
Title N	iamo	Address		Type of Action

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Remove
			☐ Change
			□ Add
			□Remove
			🗀 Add
			Remove
			□Change
			□ Add
			Remove
			Change
		□ Add	
			□Remove
			Change

•	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	
,	
-	
-	
fan ef <u>Note:</u>	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ament's effective date on the Department of State's records.
recor d is fi	d 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 led.
Dated	August 18, 2023
	Al B Lefs
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00