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Registration Section

TO:

COVER LETTER

Division of Cor	porations		
	ND HANDYMAN SERVICES	, 1.1.C	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	ROBERT O. GUNNELLS	. 111	
		Name of Person	
	TRAILS END HANDYM	AN SERVICES, LLC	
		Firm/Company	
	25085 ALCAZAR DR		
		Address	
	PUNTA GORDA, FL 339	55	
	BODGLE VELLEGOVA I	City/State and Zip Code	=,
	ROBGUNNELLS@GMAII E-mail address: (to be used for future annual report noti	fication)
For further information of	oncerning this matter, please co	all:	
ROB GUNNELLS		267 987-8486	
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed 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 (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Division of C P.O. Box 632	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of T	rporations Fallahassee
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

Authentisign (D: F025A872-752D-EE11-B8F0-6045B0ED1B5F

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRAILS END HANDYMAN SEF		
(Name of the Lim	ited Liability Company as it now appe (A Florida Limited Liability Company)	ars on our records.)
The Articles of Organization for this Limited I	Liability Company were filed on $\frac{5}{2}$.19.2023 and assigned
Florida document number L23000246459	,	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company l	<u>here</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	~-?.
		· · · · · · · · · · · · · · · · · · ·
		•
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	<u> </u>	: :

B. If amending the registered agent and/or	registered office address on our	records, enter the name of the new registe
agent and/or the new registered office addr		
Name of New Registered Agent:	ROBERT O. GUNNELLS, III	
New Registered Office Address:	25085 ALCAZAR DR	
	Enter F	lorida street address
	PUNTA GORDA	, Florida ^{33955T}
	Cin	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.

Robert O. Gunnells, III 07/28/23

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	Address	Type of Action
MGR	ROBERT GUNNELLS	25085 ALCAZAR DR., PUNTA GORDA, FL 33955	_ ■Add
			_ □Remove
			_ Change
AMBR	SHARON L. KERR		_ □Add
		216 TORRINGTON ST., PORT CHARLOTTE, FL 3	3 _ ■Remove
			_ Change
			_ □Ãdd
			 □Remove
			_ Change
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ffective date, if other than t an effective date is listed, the date i	nust be specific an	d cannot be prio	r to date of filing	or more than 90	(optional) days after filing.)	Pursuant to 605.02
Sote: If the date inserted in this ocument's effective date on the	Department of	meet the appil State's records	cable statutory	nung requiren	ents, this date v	will not be asted
record specifies a delayed effec	tive date, but no	et an effective	ime, at 12:01 a	.m. on the earl	ier of: (b) The	e 90th day after th
l is filed.						
		. 2023	·			
d is filed. Dated HILY 28 Robert O. Gunnells, I.	[<u>]</u> 07/28	/23	norized represent			

Filing Fee: \$25.00