

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone #	<i>f</i> )
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(Do	cument Number)	<del></del>
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	J. HORNE	
	J. HORNE MAR 16 2024	

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## **COVER LETTER**

TO:

то:	Registration Sec Division of Corp	tion orations		
SUBJE	CT:	Name of Limite	ed Liability Company	
		and for(e) are cubir	sitted for tiling	
Please	return all correspor	ndence concerning this matter to	, the tonowing.	
		Andy Chicas		
			Name of Person	<del></del>
	Handy Andy Handyman Services LLC  Name of Limited Liability Company  enclosed Articles of Amendment and fee(s) are submitted for filing.  see return all correspondence concerning this matter to the following:  Andy Chicas			
			Address	
		Bonita Springs, FL 34135		
		70@wweil.com	City/State and Zip Code	
		E-mail address: (	o be used for future annual report no	titication)
For fu	rther information c	concerning this matter, please co	all:	
Andy	Chicas			
	Name o	of Person	Area Code Dayti	me Telephone Number
Enclo	sed is a check for t		—	C S60 00 Filing Fee
□ S	25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	Registration Division of 0	Section Corporations	Division of C	Corporations
			The Centre o	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The state of the s Handy Andy 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  $6 \cdot 15 \cdot 23$ Florida document number 1.23000 289 295. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SWFL Beach Cleaners LLC 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 applicable: N/A (Principal office address MUST BE A STREET ADDRESS) N/A 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: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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

, Florida .

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
			□Remove
			☐ Change
			□Add
		<del></del>	
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		<del> </del>	Change
			□Add
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			Remove
			□ Chanus

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ffective date, if other than the an effective date is listed, the date moved: If the date inserted in this document's effective date on the	block does not meet	the applicable star	f filing or more than	(optional) 90 days after filing.) rements, this date v	Pursuant to 605.020 will not be listed a
e record specifies a delaye The 90th day after the re	ed effective date cord is filed.	e, but not an e	ffective time, a	at 12:01 a.m. c	on the earlier
Dated February 23	_ 2	2024			
/mcu					
	Signature of a men	iber or authorized re	presentative of a me	mber	<del></del>
	-				