LZ3000294313

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COVER LETTER

Division of	f Corporations	ķī.		
Ownk SUBJECT:	cind Handyman Services, LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Article	es of Amendment and fee(s) are sub	omitted for filing.		
Please return all cor	respondence concerning this matter	to the following:		
	Anderson Charles			
		Name of Person		
		Firm/Company		
	1281 SW 73rd Ave			
		Address		,,,,,
	North Lauderdale, FL 33	068	2,	<i>.</i>
	Ownkindhandyman@gma	City/State and Zip Code		
	. •	(to be used for future annual report not	ification)	** .
For further informat	tion concerning this matter, please of	call:		: : -
Anderson Charles		754215441 at ()		$\frac{1}{2}$ $\frac{47}{60}$
N	ame of Person	at () Area Code Daytin	ne Telephone Number	
Enclosed is a check	for the following amount:			
■ \$25.00 Filing F	Fee ☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &
Mailing A		Street Address:		
	tion Section of Corporations	Registration Se Division of Co		
P.O. Box		The Centre of	Tallahassee	
Tallahas	see, FL 32314	2415 N. Monro	oe Street, Suite 81	U

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Ownkind Handyman Services, LLC			
(Name of the Limited Liability (A Fiorida)	y Company as it now appears on c Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Co Florida document number L23000294313	ompany were filed on	2023	and assigned
Florida document number	- -		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company here:		
OGC Construction & Renovation, LLC			
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designa	ation "I.LC" or the a	obreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRI	ESS)		
			
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
			C)
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our record	is, <u>enter the nan</u>	te of the new registe
	office address on our record	ds, <u>enter the nan</u>	ne of the new registe
Name of New Registered Agent:	office address on our record	is, <u>enter the nan</u>	te of the new registe
agent and/or the new registered office address here:	office address on our record		ne of the new registe
Name of New Registered Agent:			ne of the new registe

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>	Name	Address	Type of Action
·-···			□Add
			□Remove
			□Change
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e: If the date inserted	than the date of fi the date must be specified in this block does n	not meet the applicat	date of filing or more	(o) e than 90 days a requirements,	p tional) fler filing.) Purst this date will n	iant to 605.020 of be listed a
ument's effective dat	e on the Department	of State's records.				
cord specifies a delay filed.	ed effective date, but	not an effective tim	e, at 12:01 a.m. on	the earlier of	: (b) The 90th	day after th
03/06/2024			.•			
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