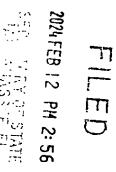
123 000 313 231

Office Use Only



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02/12/24--01017--002 **25.00



COVER LETTER

5.7	ion Section of Corporations		
subject: <u>M</u> a	rion County Pro-	perty Handyman	Operations L.L
The enclosed Artic	les of Amendment and fee(s) are sub	emitted for filing.	
Please return all co	rrespondence concerning this matter	to the following:	
	_JOSE Aviles	Name of Person	
	marion County prop	erty Handyman Operation	ons L.L.C
	12048 NW 710	Place	
	Ocala, Florida	City/State and Zip Code	
	JOSE Aviles 19 E-mail address:	(a) Yahoo. Com to be used for future annual report notif	ication)
For further informa	ation concerning this matter, please c	all:	
JOSE Avi	Vanue of Person	at (G)2 Area Code Daytime	- 5998 Telephone Number
Enclosed is a check	c for the following amount:		
S≥ \$25.00 Filing I	Fee S30.00 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)
Division P.O. Box	tion Section of Corporations	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee 2 Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	yman Opera- any as it now appears on our recon Liability Company)	tions L.L.C
The Articles of Organization for this Limited Liability Company Florida document number <u>L2300000313231</u> .	were filed on $6/29/23$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab Operation Handyman Sal The new name must be distinguishable and contain the words "Limited Liabi	ute L.L.C	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		17 L
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	12048 NW 7th Orala, Flori	Place 34482
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ente</u>	r the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre 	•••
	, F	lorida 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.

If Changing Registered Agent, Signature of New Registered Agent

D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effo <u>Note:</u>	ye date, if other than the date of filing:
If the record record is fil	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 ed.
Dated .	2-7-2024
	Signature of a member or authorized representative of a member
	Typed or printed name of signee