10/18/23 8:13 PM

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000364952 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)389-0502

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*



## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN K&L HANDY SERVICE (WE DO IT ALL) LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

Electronic Filing Menu Corporate Filing Menu

Help

CCT 19 2023

## **COVER LETTER**

, -	istration Se ision of Cou			;
SUBJE <b>C</b> T:	K&L HAN	DY SERVICE (WE DO IT AI	LL) LLC	
Ge <b>Buzer</b> ,		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Cheyenne Moseley		
			Name of Person	
		Legalzoom.com, Inc.		
			Firm/Company	
101 N Brand Blvd 11th Fl				
Address			<del></del>	
		Glendale, CA 91203		
		libranlawrence (@gmail.co	City/State and Zip Code	
		<del></del>	to be used for future annual report notif	ication)
For further in	nformation c	oncerning this matter, please ca	all:	
Cheyenne M	loseley		800 773-0888	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	ne following amount:		
□ \$25.00 F	iling 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 Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

K&L HANDY SERVICE (WE DO IT ALL)	LLC				
(Name of the Limited Liabili (A Florida	ity Compuny as it now appears on ca Limited Liability Company)	our records.)			
The Articles of Organization for this Limited Liability C Florida document number $\frac{L23000446467}{L}$	Company were filed on 09/26/20	023	and as	signed	i
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lim	ited liability company here:				
D-tail Handy Service (We do it all) LLC					
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designa	tion "LLC" or the a	bbreviation "l	L.C."	
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDR					
Trincipin office undress most be A STREET ADDIT	12.00/				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
			.7.5		
B. If amending the registered agent and/or regis		records, enter	the name	of≅th	e nev
registered agent and/or the new registered office add	ress here:			<u>هم</u>	
				£.,Û	
Name of New Registered Agent:					·
New Registered Office Address:				)te	( '
new registered Office Address.	Enter Florida str	eet address		===	
		F21 1 . I	(T)	Ġ	
<del></del>	Cuy	, Florida	Zip Code	$\frac{c}{c}$	

## 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:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	Kevin Paul Libran		
		4557 CASTAWAY DR., APT 2, TAMPA, FL 33615	Remove
			☐ Change
			🗆 Add
			☐ Remove
			🗆 Change
			☐ Remove
			Change
			Remove
			Change
			\ Add
			□ Remove
			🗖 Change
		_	□ Add
			Remove
			Change

. If amending	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
<u> </u>	
. Effective dat (If an effective da Note: If the o document's ef	e, if other than the date of filing:  (optional)  the is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3 late inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the fective date on the Department of State's records.
the record s ) The 90th	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: day after the record is filed.
Dated	Vannence Librar
<del></del>	Signature of a monter or authorized representative of a member
La	wrence Libran
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00