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COVER LETTER

TO: Registration So Division of Con			
SUBJECT: Me	ers Handyman Nyme of Lim	M Sewices Company	16
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Shiers 1	Name of Person Sendyman Firm/Company	ices, LLC
	15032 3	E Rad Hoose	Sucker Rd.
	Blountston Shiers h	City/State and Zip Code And Service to be used for future annual report notifi	
For further information c	E-mail address: (oncerning this matter, please co		fication)
Many Same o	Losenshyn f Person	at (&SD) 45) - Area Code Daytime	527 & Telephone Number
Enclosed is a check for the	ne 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 tadditional copy is enclosed)
N. W		C	

Mailing Address:

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Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Swers Hondyman Services, LL (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 101701203 and assigned Florida document number L27000 A9724

This amendment is submitted to amend the following:

A. If amending name, enter the new name of	f the limited liabi	lity company here:			
_\=-\////////	ervices,	LLC			
The new name must be distinguishable and contain the v	vords "Limited Liabili	ty Company," the designat	ion "LLC" or the abbi	f(A)	
Enter new principal offices address, if applied	rable:	15032	SE Rec	Jorsesu	Ko
(Principal office address MUST BE A STREE	ET ADDRESS)	Blomstofo	un FL	32424	
					
Enter new mailing address, if applicable:			C1:	2021	
•	DZ (N)		7. 7. F. 7.	品 市	
(Mailing address MAY BE A POST OFFICE	<u>BOAJ</u>		39.5	1	
				;;	
			SO	₽ [11]	
B. If amending the registered agent and/or i		ddress on our record:	s. <u>enter the ຫຼືສັກູເຮັ</u>	of the new register	<u>ed</u>
agent and/or the new registered office addre	ss here:		근걸	: 02	
Name of New Registered Agent:	Many	Dusanshe	<u>.w</u>		
New Registered Office Address:	15032	St Del	Hurse Su	in lu	
New Registered Office Address.	1	Enter Florida stre		- p-,	
	Danto	tam	, Florida ろ	2424	
		City	,	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

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
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Remove
			□Add
			□Remove
			□Change
			Remove
			□Change

Mary Rosenshein 850-451-5278 15032 SE Red Horse Sucker Rd. Blountstown, + L 32424