## L230005234444

| (Re                     | equestor's Name)   |                  |
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| PICK-UP                 | MAIT               | MAIL             |
| (Bu                     | isiness Entity Nar | me)              |
| (Do                     | ocument Number)    |                  |
| Certified Copies        | _ Certificates     | s of Status      |
| Special Instructions to | Filing Officer:    |                  |
|                         | J.                 | HORNE            |
|                         | MAR                | HORNE<br>15 2024 |
|                         |                    | ,                |
|                         |                    |                  |

Office Use Only



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2016/001-909224-002 \*\*60.00



## **COVER LETTER**

| TO: Registration Section Division of Corporations   |
|---|
| SUBJECT: A BRANDON VALRICO HANDYMAN ELC Name of Limited Liability Company   |
| The enclosed Articles of Amendment and fee(s) are submitted for filing.   |
| Please return all correspondence concerning this matter to the following:   |
| CORY BOUDGEAU Name of Person  |
| A BRANDON VALRILD HANDYMAN LEC<br>Firm/Company  |
| 804 FIG TREE CN. BRANDON FL 33511   |
| BRANDON FL 33511 City/State and Zip Code  |
| 77 CORY B @ GMAIL, COM E-mail address: (to be used for future annual report notification)   |
| For further information concerning this matter, please call:  |
| CORY BOUDCEAU at (713) 578-3208  Name of Person Area Code Daytime Telephone Number  |
| Enclosed is a check for the following amount:   |
| □ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## COVER LETTER

CORY BOJOREAU WOULD like TO ChANGE A BRANDON VALRICO HANDYMAN LLC  $\tau \circ$ HOME PRO PAINTING SERVICES LLC

CORY BOUDREAU
COS Boudiem

2-28-2024

Ce / # \$13-578-3208

ADDRESS 804 FIG TREE CN. BRANDON FL 33511

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Α | BRANDON     | VALRICO    | HANDYMAN                 | LLC |  |
|---|-------------|------------|--------------------------|-----|--|
|   | (Name of th |            | Company as it now ap     |     |  |
|   |             | (A Florida | Limited Liability Compar | iv) |  |

| The Articles of Organization for this Limited Liabili  |   | 11-20-23                                     | and assigned   |
|--|---|--|--|
| Florida document number 423 000 5235   | <u>194</u> .  |  | The state of the s |
| This amendment is submitted to amend the following   |   |  | and ssigned  |
| A. If amending name, enter the new name of the   | limited liability company   | <u>here</u> :                                | 199, 0   |
| HOME PRO PAINTING  The new name must be distinguishable and contain the words  | SERVICES LL<br>Limited Liability Company," the  | designation "LLC" or the                     | abbreviation "L.L.C."  |
| Enter new principal offices address, if applicable:  |   |  |  |
| (Principal office address MUST BE A STREET AL  | ODRESS)   |  |  |
|  |   |  |  |
| Enter new mailing address, if applicable:  |   |  |  |
| (Mailing address MAY BE A POST OFFICE BOX  | <u> </u>  |  |  |
|  |   |  |  |
| B. If amending the registered agent and/or regist agent and/or the new registered office address he  |   | records, enter the na                        | ame of the new registered  |
| Name of New Registered Agent:  |   |  |  |
| New Registered Office Address:   |   |  |  |
| - Augustian Ville J. Comp.   | Enter Fi  | orida street address                         | <del>_</del>   |
|  |   | . Florida                                    | Zip Code   |
| _  | City  |  | Zip Code   |
| New Registered Agent's Signature, if changing Regis  | tered Agent:  |  |  |
| I hereby accept the appointment as registered ag<br>provisions of all statutes relative to the proper ar<br>accept the obligations of my position as registere<br>being filed to merely reflect a change in the regis<br>company has been notified in writing of this chan | nd complete performance of<br>d agent as provided for in<br>tered office address, I her | of my duties, and Lai<br>Chapter 605, F.S. ( | n familiar with and<br>Ir, if this document is   |

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> | <u>Name</u> | Address     | Type of Action |
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| If amending                       | any other information, enter change(s) here: (Attach additional sheets, if necessary.)                                |
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| Note: If the d                    | e, if other than the date of filing:  |
| he record specif<br>ord is filed. | les a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b). The 90th day after the |
| Dated                             | 2 - 28 . 2024 .  Signature of a member or authorized representative of a member                                       |
|                                   | Signature of a member or authorized representative of a member  |
|                                   | Typed or printed name of signee   |
|                                   | (N/Y WUDACAU  |