



(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

(Document Number)

Certified Copies \_\_\_\_\_\_ Certificates of Status \_\_\_\_\_

(Requestor's Name)

(Address)

Office Use Only

V. Williams

## **COVER LETTER**

| TO:                                   | Registration Se<br>Division of Cor |  |  |   |  |  |
|---------------------------------------|------------------------------------|--|--|---|--|--|
| eun re                                | A &D Han                           |  |  |   |  |  |
| SUBJE                                 | CI:                                | Name of Lim                                  | ited Liability Company   |   |  |  |
| 771 1                                 |                                    |  | to be en   |   |  |  |
|                                       |                                    | Amendment and fee(s) are sub                 | -  |   |  |  |
| Please re                             | eturn an correspo                  | ondence concerning this matter               | to the following:  |   |  |  |
|                                       |                                    | Daniel Buczek                                |  |   |  |  |
|                                       |                                    |  | Name of Person   |   |  |  |
|                                       |                                    |  |  |   |  |  |
|                                       |                                    |  | Firm/Company   |   |  |  |
|                                       |                                    | 504 E. Lambert St                            |  |   |  |  |
|                                       |                                    |  | Address  |   |  |  |
|                                       |                                    | Bunnell, Fl 32110                            |  |   |  |  |
|                                       |                                    |  | City/State and Zip Code  |   |  |  |
|                                       |                                    | ALLWETROOFREPAIRS@                           | GMAIL.COM<br>to be used for future annual report notifi          |   |  |  |
| For furth                             | her information c                  | oncerning this matter, please ea             |  | Canony  |  |  |
| Daniel I                              |                                    |  | 386 846-2446   |   |  |  |
|                                       | Name o                             | of Person                                    | at ()  | Telephone Number  |  |  |
| Enclosed                              | d is a check for th                | he following amount:                         |  |   |  |  |
| € \$25                                | 5.00 Filing Fee                    | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |  |  |
| Mailing Address: Registration Section |                                    | Section                                      | Street Address: Registration Section                             |   |  |  |
|                                       | Division of C<br>P.O. Box 632      | •  | Division of Corp<br>The Centre of Ta                             |   |  |  |
|                                       | Tallahassee,                       |  |  | Street, Suite 810   |  |  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| A&D Handyman llc   |   |   |                            |                   |
|--|---|---|----------------------------|-------------------|
| (Name of the Limit   | ed Liability Compan<br>(A Florida Limited L | y as it now appears on our r<br>iability Company) | ecords.)                   |                   |
| ne Articles of Organization for this Limited L                                     |   | were filed on January 19 2                        | 9024                       | and assigned      |
| orida document number <u>L24000038364</u>  | <del></del> ,                               |   |                            |                   |
| is amendment is submitted to amend the follo                                       | owing:                                      |   |                            |                   |
| If amending name, enter the new name of  | f the limited liabil                        | ity company here:                                 |                            |                   |
| I Weather Roof Repairs of Volusia County L.L.                                      | С   |   |                            | Po. 1             |
| e new name must be distinguishable and contain the w                               | ords "Limited Liabili                       | ty Company," the designation                      | "LLC" or the abbr          | eviation 3L.L.C." |
| nter new principal offices address, if applic                                      | able:                                       | 504 E Lambert street                              |                            | * •               |
| rincipal office address MUST BE A STREE  |   | Bunnell, FL 32110                                 |                            | 1                 |
|  |   |   |                            | <u></u>           |
| nter new mailing address, if applicable:   |   | 504 E. Lambert Street                             |                            | <u>ੰ</u> ਧ        |
| tailing address MAY BE A POST OFFICE   | BOX)  | Bunnell, Florida 32110                            |                            | 6                 |
| If amending the registered agent and/or rent and/or the new registered office addr | ess here:                                   | ddress on our records, <u>e</u>                   | enter the name             | of the new regis  |
| Name of New Registered Agent:  | Nicole Largent                              |   |                            |                   |
| New Registered Office Address:   | 2011 Linda Ave                              | Enter Florida street                              | address                    |                   |
|  | Ormond Beach                                |   | , Florida _ <sup>321</sup> | 74                |
|  |   | Cin   | ,                          | 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.

hanging Registered Agent, Agnature 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 |
|--------------|------------------|---|----------------|
| AMBR         | Albert H. Lawhon | 1706 Avenue B.                          | □Add           |
|              |                  | Ormond Beach, FL 32174                  | ■Remove        |
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| Frective date, if other than the an effective date is listed, the date in ote: If the date inserted in this ocument's effective date on the | ust be specific an<br>block does not  | nd cannot be prior<br>meet the applic | able statutor |                 |                  |                    |
| record specifies a delayed effec<br>I is filed.   | tive date, but no                     | ot an effective t                     | ime, at 12:01 | a.m. on the ear | lier of: (b) The | 90th day after the |
| March 23rd  |                                       | 2024                                  |               |                 |                  |                    |
|   | $\overline{\Box}$                     | 0                                     | 2             | 0               |                  |                    |

Filing Fee: \$25.00

Typed or printed name of signee