## 124000019817

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	
	,
UMILS	

Office Use Only



800425201088

03/07/24 -01013--012 \*\*30.00

2024 HAR 21 FM 1: 09

## **COVER LETTER**

	<u>.</u>		COVER LETTER				
TO:	Registration So Division of Cor						
		Handyman Solutions, LLC					
SUBJI	ECT:	Name of Lim	ited Liability Company				
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please	return all correspo	ondence concerning this matter	to the following:				
		Catheline Octave Everett					
		•	Name of Person				
		Unlimited Handyman Solu	itions, LLC.				
			Firm/Company				
		1740 Saint Tropez Court					
			Address	······································			
	Kissimmee, FL 34744						
		City/State and Zip Code					
		unlimitedhandymansolution	=				
			to be used for future annual re	port notification)			
For fur	ther information of	concerning this matter, please c	all:				
Cathel	ine O. Everett		561 425-0				
	Name c	of Person	at () Area Code	Daytime Telephone Number			
Enclos	ed is a check for t	he following amount:					
	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)			
	Mailing Address Registration		<u>Street Add</u> Registrat	ress: ion Section			
	Division of C P.O. Box 631	-		of Corporations			
	Tallahassee.			re of Tallahassee Monroe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Unlimited Handyman Solutions, LLC. (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 February 14, 2024 and assigned Florida document number 1.24000079817This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Unlimited Handyman Solutions, LLC. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC," 1740 Saint Tropez Court Enter new principal offices address, if applicable: Kissimmee, FL 34744 (Principal office address MUST BE A STREET ADDRESS) 1740 Saint Tropez Court Enter new mailing address, if applicable: Kissimmee, FL 34744 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Catheline O. Everett Name of New Registered Agent: 1740 Saint Tropez Court New Registered Office Address: Enter Florida street address \_\_, Florida 34744 Zip Code Kissimmee City

## 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Catheline O. Everett	1740 Saint Tropez Court Kissimmee, Fl. 34744	<b>=</b> Add
			□Remove
			□ Change
MGR	Harsha Clarke	320 Scottsdale SQ. Winter Park, FL 32792	□Add
			Remove
			🗆 Change
		_	□ Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change

,	N/A
-	
-	
-	
_	
-	<del></del>
-	
_	
-	
_	
-	
_	
-	
-	
_	
-	
	ive date, if other than the date of filing:
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
cum	nent's effective date on the Department of State's records.
	d 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 led.
is H	ied.
ied	<del></del> .
	Signature of a member or authorized representative of a member
	Harsha Clarke

Filing Fee: \$25.00