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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: MGM HANDY MAN SOLVICES LLC  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:
Name of Person  Man Genvices (Company  SIDS Celes of Arthurst Man Services (City/State and Zip Code  WATHER Contracting and graph Company  E-mail address: (to be used to-future-dimust report notification)
For further information concerning this matter, please call:
Junathan Matta at 603, 714-5920  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee   Certificate of Status  Certified Copy  (additional copy is enclosed)  Certified Copy  (additional copy is enclosed)  Certified Copy  (additional copy is enclosed)
Mailing Address: Street Address:

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

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

MGM Handy Ma	n Services LLC
(Name of the Limited Liability Compa- (A Porida Limited L	ny <u>as it now appears on our records.</u> ) Jability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 24000 13 1255</u> .	0/00/000
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8175 Celeite Drive
(Principal office address MUST BE A STREET ADDRESS)	NAPPEL 54 3413 3 3
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	7 Beals Rd THE 3012 Bedford NIT 03012
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	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>Tëtle</u>	Name	Address	Type of Action
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(If an effec Note: If	e date, if other than the date of filing:
he record ord is filed	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 d.
Dated	4/23/2024
	Signature of a member or authorized representative of a member
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