5/1/24_1:06 PM

Fax: 8134365206

Torida Department of State
Division of Corporations
Division of Corporations
Electropic Faling Cover Skedi

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000159196 3)))



H240001591963ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

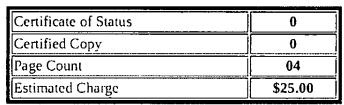
Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:				
FIII0 T T	MARTERS.			 	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TWO GRUMPY OLD MEN HANDYMAN SERVICE LLC





K. SALY

MAY - 2 2024

Electronic Filing Menu

Corporate Filing Menu

Help

5/1/2024 10:08:32 PDT

To: 18506176383

Page: 2/4

Fax: 8134365206

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED
2024 MAY - 1 PM 4: 45
TALLAHASSEE. FLORID:

two grumpy old men handyman service 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 Comp	pany were filed on 03/27/24	and assigned	
Florida document number L24000148529			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
The new name must be distinguishable and contain the words "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 ADDRESS	5)		
Enter new mailing address, if applicable:	-	.	
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·	
	************************************	14 14-1440 (MARIA (M	
B. If amending the registered agent and/or registered off agent and/or the new registered office address here: Name of New Registered Agent:	ice address on our records, <u>enter t</u>	ne name of the new registered	
New Registered Office Address:			
	Enter Florida street address		
<u> </u>	, Flor	rida	
	•	Zip Code	
New Registered Agent's Signature, if changing Registered Ag	ent:		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	lete performance of my duties, and as provided for in Chapter 605, F.	I I am familiar with and	
<u>it</u> .	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
AMBR	Garnsey, Dale	7901 4TH ST N STE 300	
		ST. PETERSBURG, FL 33702	Remove
			□ Change
			□Add
			Remove
			ECHAPA AAA
			SSEE FLORE CONTROL OF THE SECOND CONTROL OF
			Tr FlAdd
			□Remove
			□ Change
			□Add
			Псточе
			□ Change
			□Add
			□Remove
			□Change

Fax: 8134365206