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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: Prin	nier Plus Hana Name of Limit	y Man & Homeu dl Liability Company	vatch Services
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ondence concerning this matter to	o the following:	
	Hector	Manuel Gow Name of Person	162
	Primier plus	Handy Man & +	Homewatch Services
		Ave NE Naples,	
	Naples,	FL 3 412 City/State and Zip Code	0
	Jemail address: (to	o 2 C. J. Ma; 1. Com o be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	U:	
Hector	Gomez of Person	at ( <u>239</u> ) <u>465</u> - Area Code Daytime	e Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>\$60.00 Filing Fee.</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>
<u>Mailing Addre</u> Registration	<del></del>	Street Address: Registration Sec	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 632	27	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Primier Plus Handy Man I Homewatch Services
(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 May 30, 2024 and assigned Florida document number <u>L24000247726</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Prenier Plus Handyman & Home Watth Services, L.L. C.
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) <u>1/2</u> 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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>Title</u>	<u>Name</u>	Address	Type of Action
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