L24000274355



(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Common Line)
(Document Number)
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SECULIARY OF STATE

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor						
	lyman and Consulting Services	1.1.C				
SUBJECT:	Name of Limit	ted Liability Company				
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.				
Please return all correspo	ondence concerning this matter t	o the following:				
	Dale Cicirelli					
		Name of Person				
	Dale's Handyman and Cons	sulting Services LLC				
		Firm/Company	<u></u>			
	6413 Dane Ave.					
	Address					
	Cocoa, Fl. 32927					
	City/State and Zip Code dale.cicirelli@gmail.com					
	<u>-</u> -	to be used for future annual report noti	fication)			
For further information of	concerning this matter, please ca	all:				
Dale Cicirelli		321 749-5904				
Name o	of Person	at () Area Code Daytim	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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se	ection			
Division of C	Corporations	Division of Co	rporations			
P.O. Box 63:	27	The Centre of T	Fallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit		ny as it now appears on our r Liability Company)	records.)
	(A Florida Limited I	Liability Company)	
The Articles of Organization for this Limited L	iability Company	were filed on June 17, 202	4 and assigned
lorida document number L24000274355			
his amendment is submitted to amend the following	owing:		
If amending name, <u>enter the new name o</u>	<u>f the limited liab</u>	ility company here:	
O CHANGE			
he new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company." the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		NO CHANGE	
Principal office address MUST BE A STREET ADDRESS)			2024 Sign
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			SE
		NO CHANGE	24 AHAS
			<u> </u>
			2: 2: 15 FL
s. If amending the registered agent and/or r gent and/or the new registered office addres	egistered office : ss here:	address on our records, <u>e</u>	nter the name of the new regi
Name of New Registered Agent:	NO CHANGE		
New Registered Office Address:	NO CHANGE	<u>.</u>	
		Enter Florida street c	uddress
			_, 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 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
	NO CHANGE		□Add
			□Remove
			□Change
	-		□Add
			Remove
			□Change
			🗆 🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			
			□Remove
		 	
			
			□Remove
			□Change

_	equest change to FEIN - Current FEIN 24-0002743. Please update to reflect IRS EIN 99-3611438
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генс <u>te:</u>	ye date, if other than the date of filing: July, 12024 (optional) ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ant's effective date on the Department of State's records.
ecore	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
ed [September 18,2024
Cu	
_	Ush Could
cu _	Signature of a member or authorized representative of a member