

L2410002257/16

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : INC AUTHORITY, LLC  
Account Number : I20240000004  
Phone : (775)329-7721  
Fax Number : (775)376-9207

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

Email Address: wilsondustin042@gmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
FLORIDA STATE HANDYMAN, LLC**

Certificate of Status	0
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K. SALY

JAN 21 2025

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2025 JAN 17 PM 12:24

FLORIDA STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

RECEIVED  
FALLINGWATER, FLORIDA

2025 JAN 17 AM 9:36

FILED

TO  
ARTICLES OF ORGANIZATION  
OF

FLORIDA STATE HANDYMAN, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED

2025 JAN 17 AM 9:36

CLERK OF  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 06/25/24 and assigned  
Florida document number L24000287116

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 "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)

**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

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

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Dustin Lang	3620.19Th.Str.Ct.East	<input type="checkbox"/> Add
		Bradenton, FL 34208	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Dustin Wilson	3620.19Th.St.Ct.East	<input type="checkbox"/> Add
		Bradenton, FL 34208	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

2025 JAN 17 AM 9:36  
ALL MAIL SENT TO  
DUSTIN WILSON  
3620.19TH ST CT EAST  
BRADENTON, FL 34208

FILED

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

2025 JAN 17 AM 9:36  
SEATTLE  
FALL ANHSI 11-10-10

F. Effective date, if other than the date of filing: N/A (optional)

(f) If an effective 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 405.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 12-23, 2024

*Don*

Signature of a member or authorized representative of a member

Dustin Wilson

Typed or printed name of signee