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	Registration Se Division of Cor				
SUBJEC		NS HANDYMAN SERVICE L	LC		
SOBJEC	· · · <u>- · · · · · · · · · · · · · · · ·</u>	Name of Lin	nited Liability Company		
The encle	osed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please re	turn all correspo	ondence concerning this matter	to the following:		
		LUIS ENRIQUE SUARE	Z		
			Name of Person		
		BOSSMANS HANDYMA	AN SERVICE LLC		
	Firm/Company 403 WALKER DR				
		403 WALKER DR.			
	Address				
		INTERLACHEN, FLORII	DA 32148		
			City/State and Zip Code		
		SIDNEYSOPHIE@GMAII			
		E-mail address: (to be used for future annual report noti	fication)	
For furth	er information c	oncerning this matter, please c	all:		
LUIS E SUAREZ			904 742-2215		
Name of Person			at () Area Code Daytim	e Telephone Number	
Enclosed	is a check for th	ne following amount:			
≘ \$25.0	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section Division of Corporations		<u>Street Address:</u> Registration Sec	ction		
		Division of Corporations			
	P.O. Box 632 Tallahassee. I		The Centre of T	Callahassee e Street Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

BOSSMANS HANDYMAN SERVICE LLC

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(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 $\frac{\text{JUNE}}{\text{26,2024}}$ 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) 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

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
MGR	LUIS E SUAREZ	403 WALKER DR. INTERLACHEN FL 32148	■ Add
			□Remove
			□Сһапде
			□Add
			□Remove
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			🗆 Add
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		 	□Remove
			□ Change

MYSELF AS A MEMBER/	AUTHORIZED PERSON TO	DEAL WITH THE A	CCOUNT. TH	E BANK	K TOLD
ME THERE WAS NO MEN	MBER OR AUTHORIZED PI	ERSON LISTED UND	ER BOSSSMA	NS HAI	NDYM/
SERVICE LLC. IM HOPING	G TO BE ABLE TO ADD M	YSELF.			_
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: If the date inserted in this b	e date of filing:	able statutory filing rea	(option of the contract of the	filing.) Pı	ursuant to ll not be
ord specifies a delayed effectivifiled.	ve date, but not an effective ti	me, at 12:01 a.m. on th	ne earlier of: (b	The 9	0th day
a OCtober L	11th 2024	·			
	Signature of a member or author	orized representative of a	member		
Luis	•	SUQ (ed name of signee			