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COVER LETTER

.

TO:

TO: Registratio Division of	on Section Corporations		
SUBJECT:	A Lady's Touch Handy S	Services LLC	
	Name of Lir	nited Liability Company	
The enclosed Article	es of Amendment and fee(s) are sul	bmitted for filing.	
Please return all corr	respondence concerning this matter	r to the following:	
	Louanne OQuinn		
		Name of Person	
		Firm/Company	
	21012 Cornell ave		
		Address	
	Port Charlotte/ FL 3	33952 City/State and Zip Code	
	louoquinn@gmail.com	·	
		(to be used for future annual report noti	fication)
For further informati	on concerning this matter, please of	call:	
Louanne OQuinr		at (941) 249-1367	
Na	me of Person	Area Code Daytim	e Telephone Number
Enclosed is a check t	for the following amount:		
☑ \$25.00 Filing Fe	ce \$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)
Mailing Ad Registration	dress: on Section	Street Address: Registration Sec	ction
Division of Corporations		Division of Cor	porations
P.O. Box		The Centre of T	
Tallahassee, FL 32314		Z413 IN. IVIONFO	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A Lady's Touch Handy Services LLC		
(Name of the Limited Liability C (A Florida Lin	Company as it now appears on our records.) mited Liability Company)	
·		
The Articles of Organization for this Limited Liability Com-	pany were filed on July 1st 2024	and assigned
Florida document number L24000295134		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d 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."
n		
Enter new principal offices address, if applicable:		21/25
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
		<u>;</u>
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		T-
Induang dualess man BEAT OST OFFICE BOAY		·N
		<u>+5</u> _
B. If amending the registered agent and/or registered of	ffice address an our records, enter the n	ema of the now registered
agent and/or the new registered office address here:	rice address on our records, enter the in	ame of the new registered
Name of New Registered Agent:		
Manie 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

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Louanne OQuinn	21012 Cornell ave	\overline{
		Port Charlotte/ FL 33952	□ Remove
AMBR	Katlynn OQuinn	21012 Cornell ave	Ø ∧dd
		Port Charlotte/ FL 33952	Remove
			□Change
			
			Remove
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Effective date, if other than the date of filing: ((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 605.020 Mote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. 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 ord is filed. Dated August Augus		
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	Dated	August 1 . 2024.
Signature of a member or authorized representative of a member		
		Signature of a member or authorized representative of a member
1 75 1 / C 16 / C 1 1 1 1 1 1 7 7 7 7 7 7 7 7 7 7 7 7 7		Typed or printed name of signee

Filing Fee: \$25.00