

L24000296824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

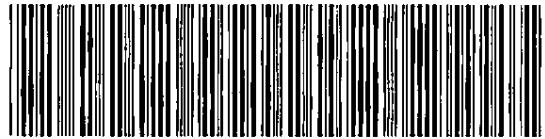
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300437790473

FILED

2024 NOV 26 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Simons Handyman LLC.
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Andrea Ramdhol
Name of Person

Simons Handyman LLC.
Firm/Company

4569 Philadelphia Cir
Address

Kissimmee FL 34746
City/State and Zip Code

ramdholandrea0701@gmail.com
E-mail address: (to be used for future annual report notification)

FILED
2024 NOV 26 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

Andrea Ramdhol at (407) 818-7724
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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)

Mailing Address:

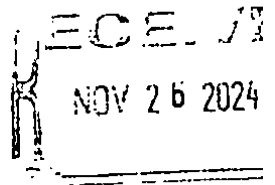
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations



November 13, 2024

ANDREA RAMDHOL
4569 PHILADELPHIA CIR
KISSIMMEE, FL 34746

SUBJECT: SIMONS HANDYMAN LLC.
Ref. Number: L24000296824

We have received your document for SIMONS HANDYMAN LLC. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

SHANTELL BROWN
Regulatory Specialist II

Letter Number: 824A00024767

FILED
2024 NOV 26 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

(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 01-July-2024 and assigned Florida document number L24000296824.

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)

4569 Philadelphia Cir
Kissimmee FL 34746

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4569 Philadelphia Cir
Kissimmee FL 34746

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:

Ashley Simon

New Registered Office Address:

4569 Philadelphia Cir
Enter Florida street address
Kissimmee, Florida 34746
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.

Ashley R. Simon

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Andrea Ramdhol	4569 Philadelphia Cir Kissimmee FL 34746	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	Ronald Simon	4569 Philadelphia Cir Kissimmee FL 34746	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
AMBR	Marcia Ramdhol	4569 Philadelphia Cir Kissimmee FL 34746	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
Agent	Ashley Simon	4569 Philadelphia Cir Kissimmee FL 34746	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

2024 NOV 26 PM 3:13
SECRETARY OF STATE
TALLAHASSEE, FL

FILED
2021 NOV 26 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FL

Effective date, if other than the date of filing: _____ (optional)
(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 605.0207 (3)(b) this date will not be listed as the

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 11-20-24 .

Rommel Simon

Signature of a member or authorized representative of a member

Ronald Simon

Typed or printed name of signee

Filing Fee: \$25.00