

L24000 334 661

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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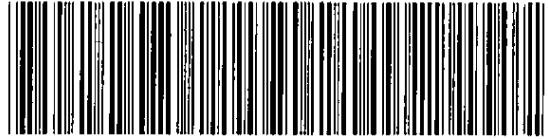
(Business Entity Name)

(Document Number)

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10/1/24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SRB 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:

JULIANNE C MCCAIN

Name of Person

SRB HANDYMAN LLC

Firm/Company

18 MCKENNA WAY

Address

SANTA ROSA BEACH FL 32459

City/State and Zip Code

scott@srbhandyman.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SCOTT MCCAIN

850 399-0790

at ()

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

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

SRB HANDYMAN LLC

(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 07/29/2024 and assigned
Florida document number L24000334661.

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

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, 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>	<u>Address</u>	<u>Type of Action</u>
MGR	MICHAEL SCOTT MCCAIN	18 MCKENNA WAY, SANTA ROSA BEACH FL. 32	<input checked="" type="checkbox"/> Add
		32459	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MADISON CLAIRE MCCAIN	18 MCKENNA WAY, SANTA ROSA BEACH FL. 32	<input checked="" type="checkbox"/> Add
		32459	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	BRADEN SCOTT MCCAIN	18 MCKENNA WAY, SANTA ROSA BEACH FL. 32	<input checked="" type="checkbox"/> Add
		32459	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LINDSEY KATE MCCAIN	18 MCKENNA WAY, SANTA ROSA BEACH FL. 32	<input checked="" type="checkbox"/> Add
		32459	<input type="checkbox"/> Remove
			<input 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

1. The first part of the document is a title page. It contains the title "The History of the United States" and the author "John Adams".

2. The second part of the document is a table of contents. It lists the chapters and their corresponding page numbers.

3. The third part of the document is the main body of the text. It is divided into chapters, each covering a different period of American history.

4. The fourth part of the document is a conclusion. It summarizes the main points of the book and provides a final thought on the history of the United States.

5. The fifth part of the document is a list of references. It includes the names of the authors and the titles of the books used in the research.

(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)

Typed or printed name of signee