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## **COVER LETTER**

	gistration Section Islon of Corpor			
SUBJECT:	SRB	Handyma	1. LLC	
SUBJECT			nited Liability Company	
The enclosed	l Articles of Am	endment and fee(s) are sub	omitted for filing.	
Please return	all corresponde	nce concerning this matter	to the following:	
		Michael	Siott MS Cain Name of Person	
		SRBH	landyman, LLC	
			Kenna Wary	SECRET SECRET
			_	上 32459年 三
	_	E-mail address:	City/State and Zip Code  Nichael Scott design  (to be used for future annual report notified)	M 2023 & granteon
For further is	nformation conc	erning this matter, please c		V
Se	Name of Per	Carr	at ( <u>850)</u> 399 - Area Code Daytime	Telephone Number
Enclosed is a	check for the fo	ollowing amount:		
□ \$25.00 F	filing Fee [	330.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Re	iling Address: gistration Secvision of Corp		Street Address: Registration Section Division of Corp	
	anon or corp	OTHIOTIO	Pivision of Corp	OI GEI OHO

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SRB Handyr	bility Company as it now appears o	
( <u>Name of the Limited <b>A</b>ia</u> (A Flo	bility Company as it now appears or rida Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liability Florida document number	y Company were filed on <u>7</u> ا بي) ط	29/2024 and assigned
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the l		
Michael Scott Design The new name must be distinguishable and contain the words	n & Home Ser	vices, LLC
The new name must be distinguishable and contain the words	Limited Liability Company," the desig	mation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		ACC STATE AND STATE OF THE ADDITIONAL PROPERTY O
(Principal office address MUST BE A STREET AD	DRESS)	
		正知 W i i i i i i i i i i i i i i i i i i
		55 F
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		F 54 00
B. If amending the registered agent and/or registe agent and/or the new registered office address her		ords, enter the name of the new registered
Name of New Registered Agent:	·	
New Registered Office Address:		
	Enter Florida	street address
<u> </u>		, 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>	Address	Type of Action
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			Remove
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ective date, if other than the date of filing: teffective date is listed, the date must be specific and cannot be prior to date of f	
te: If the date inserted in this block does not meet the applicable statutement's effective date on the Department of State's records.	tory filing requirements, this date will not be listed as
ecord specifies a delayed effective date, but not an effective time, at 12: s filed.	:01 a.m. on the earlier of: (b) The 90th day after the
I I u	
red 9/23/2024	
29/23/2024 29/24/LAM	Cin
signature of a member or authorized representation	esentative of a member

Filing Fee: \$25.00