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Division of Corporations

Florida Department of State
Division of Corporations
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Email Address: jtorrez@rsabalaw.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LOCAL HANDYMAN, LLC

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COVER LETTER

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TO: Registration Section
Division of Corporations

SUBJECT: Local 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:

Julie A. Torrez, Esq.

Name of Person

Firm/Company

2033 Main Street, Suite 400

Address

Sarasota, FL 34237

City/State and Zip Code

jtorrez@rsabalaw.com

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

For further information concerning this matter, please call:

Julie Torrez

941 952-0990
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 &
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(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

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09/30/2024 10:48 AM

09/30/2024 10:48 AM

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

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Local 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 August 13, 2024 and assigned
Florida document number L24000348442.

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:

20135 Holland Ave

(Principal office address MUST BE A STREET ADDRESS)

Port Charlotte, FL 33952

Enter new mailing address, if applicable:

21035 Holland Ave

(Mailing address MAY BE A POST OFFICE BOX)

Port Charlotte, FL 33952

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

City, Florida

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

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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	Clayton S. Owens	2326 GULL LANE	<input type="checkbox"/> Add
		SARASOTA, FL 34237	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Adam Sease	21035 Holland Ave	<input checked="" type="checkbox"/> Add
		Port Charlotte, FL 33952	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. 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)

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 September 30, 2024

Signature of a member or authorized representative of a member

Julie A. Torrez
Typed or printed name of signee

Typed or printed name of signee