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COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations				
SUBJECT:		andyman LLC				
SOBJECT.		Name of Lin	nited Liability Company			
The enclosed	d Articles of	Amendment and fee(s) are sub	unitted for tiling			
			_			
Please return	i all correspo	ondence concerning this matter	to the following:			
		Robert Putnam				
			Name of Person			
		·	Firm/Company			
		970 Wildwood Dr				
			Address			
		Bartow, FL 33830				
			City/State and Zip C	ode		
		robbyputnam15@gmail.com				
For further in	nformation c	E-mail address: (oncerning this matter, please c	to be used for future an all:	nual report nouf	ication)	
Robert Putn	am		863	559-5356		
	Name o	f Person	Area Code	Daytime	Telephone Number	-
	•					
Enclosed is a	check for th	ne following amount:				
■ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing I Certified Cop (additional copy)	y	☐ \$60.00 Filing Fe Certificate of \$1 Certified Copy (additional copy is	tatus &
						tat c
Reg	iling Addres	Section	Reg	t Address: istration Sec		
Division of Corporations P.O. Box 6327			sion of Corp Centre of Ta			
	lahassee, l				Street, Suite 810	

Tallahassee, FL 32303

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...:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Campus Handyman LLC				
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our recor Liability Company)	rds.)		
The Articles of Organization for this Limited Liability Company	were filed on 08/16/2024	and assigned		
Florida document number L24000360263		+ <u>P</u> #		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:	(1)		
Gator Property Services LLC				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL	C" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
		α_ α 1		
Enter new mailing address, if applicable:	117 NW 21st Terrace			
(Mailing address MAY BE A POST OFFICE BOX)	Gainesville, FL 32603	Ph.		
		# U		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ente</u> r	r the name of the new registered		
Name of New Registered Agent:				
New Registered Office Address:				
Enter Florida strect address				
	, F	lorida		

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.

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

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>	Name	Address	Type of Action
			□Remove
		7	Change
		- 1	□Add
			□Remove
			□Add
			□Remove
			□Chạnge
			□Remove
			□Add
			□Remove
			□ Change
			
	•		□Remove
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ective date, if other than the offective date is listed, the date must e: If the date inserted in this bloument's effective date on the De	ck does not meet the applica	to date of filing or more than the statutory filing requir	(optional) 90 days after filing.) Pursus rements, this date will no	unt to 605.020 of be listed a
cord specifies a delayed effective s filed.	date, but not an effective tir	ne. at 12:01 a.m. on the e	arlier of: (b) The 90th	-
August 22	2024			•: •
ed August 22	·			1097
	Robert R	utnam		* 1. 4
	Signature of a member or autho			