P18000100219

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
	usiness Entity Nar	me)
	·	
	ocument Number)	<u> </u>
`	,	
Certified Copies	Certificate	s of Status
	_	
	-	
Special Instructions to	Filing Officer:	

Office Use Only



800361974428

03/15/21--01034--008 **35.00

2021 HAR 15 AH 12: 43
SECRETARY OF STATE

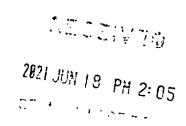
A. Butter

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COI	RPORATION: MY HANDYMAN	HOME SERVICES & EL	ECTRICAL INC
	TUMBER: P18000100219		
The enclosed Ar	ticles of Amendment and fee are su	bmitted for filing.	
Please return all	correspondence concerning this ma	tter to the following:	
	JENNA SARICA		
		Name of Contact Persor	
	MY HANDYMAN HOME S	SERVICES & ELECTRICA	L INC
		Firm/ Company	
	9434 PINTO DR		
	<u> </u>	Address	
	LAKE WORTH, FL 33467		
		City/ State and Zip Code	2
	MYHANDYMAN15@GMA	AIL.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further infor	mation concerning this matter, plea	se call:	
JENNA SARIC	A	at (<u>561</u>	513-7560
	lame of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a ch	eck for the following amount made	payable to the Florida Depa	artment of State:
S35 Filing I	Fee ☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ameno Divisio The C 2415 I	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303





FLORIDA DEPARTMENT OF STATE **Division of Corporations**

May 24, 2021

JENNA SARICA MY HANDYMAN HOME SERVICES & ELECTRICAL 9434 PINTO DR LAKE WORTH, FL 33467 US

SUBJECT: MY HANDYMAN HOME SERVICES & ELECTRICAL INC

Ref. Number: P18000100219

We have received your document for MY HANDYMAN HOME SERVICES & ELECTRICAL INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

YOU DID NOT RETURN THE COMPLETE AMENDMENT FORM.

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.

Anissa Butler Regulatory Specialist II

Letter Number: 121A00010992

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: My Ha	ndyman Home Servius + Electric
DOCUMENT NUMBER: <u>\$\tilde{D}18000100</u> 2	
The enclosed Articles of Amendment and fee are s	
Please return all correspondence concerning this m	atter to the following:
Jer	masarice
	Manc of Contact Person Handyman
<u></u>	y Handynan Firm Company
9434	Pinto D
	Address
lak	L WOYHU, FL 33467 City/ State and Zip Code
E-mail address: do be u	ndynan 152 gmail - com used for future annual report notification)
For further information concerning this matter, plea	ase call:
Jenna Parica	at (501) 513 - 7560 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	e payable to the Florida Department of State:
S \$35 Filing Fee	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed)
Mailing Address	Street Address
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, Ft. 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

My Handyman Home Services + Eddletost of State)
(Name of Corporation as currently filed with the Florida Dept. of State) SECRETARY OF STATE TALLAHASSEF, FI
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
My Handyman Home Services Inc. The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent
(Floridy street address) New Registered Office Address: (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent.—I am familiar with and accept the obligations of the position.
Signature of New Registered Agent, if changing
Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT J.</u>	ohn Doe			
X Remove	<u>V</u> <u>N</u>	Jike Jones			
X Add	<u>sv</u> <u>s</u>	ally Smith			
Type of Action (Check One)	Title	Name	110	<u>Addres</u> s	
1) Change			NIA		
Add					
Remove					
2) Change					-
Add					
Remove 3) Change					
Add					
Remove					
4) Change			· · · · · · · · · · · · · · · · · · ·		
Add					
Remove					
5) Change					
Add					
Remove					
6) Change		<u></u>			
Add					
Remove					

tach additional sheets,	,				
		NIA	J		
·-··- — — ———			LII.		

 			•		
					
in amendment provid	es for an exchan	ige, reclassification	n, or cancellation	of issued shares,	
covisions for implement (if not applicable, in	<u>iting the ameng</u> dicate N/A)	ment if not contain	<u>iieu in the amengi</u>	ment fisen:	
		NIA			
		_ <u> </u>	 		
					· · · · · · · · · · · · · · · · · · ·
-					•
					•
		· · · · · · · · · · · · · · · · · · ·			

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date if applicable:	4/1/2021	
rifective date it applicante.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	block does not meet the applicable statutory filing requirements, epartment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add action was not required	opted by the incorporators, or board of directors without sharehold	der action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amen officient for approval.	idment(s)
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment(statement x)
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated	6/14/2021 Jenne	
(By a d selecte	irector, president or other officer – if directors or officers have no d, by an incorporator – if in the hands of a receiver, trustee, or other ted fiduciary by that fiduciary)	
	JennaSarica	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

• • •