## P2300051739

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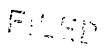
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: BRAVO'S HANDY	'MAN CORP	
DOCUMENT NUMB	BER: P23000051739		
	of Amendment and fee are sub	omitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
	HELEN MARTIN		
		Name of Contact Person	
	BRAVO'S HNDYMAM COR	RP.	
		Firm/ Company	
	17708 16TH TRACE		
		Address	
	LIVE OAK FL 32060		
		City/ State and Zip Code	,
	SRWELLDRILLING@GMA	IL.COM	
	E-mail address: (to be us	ed for future annual report	notification)
For further information	n concerning this matter, pleas		205-1417
	of Contact Person	at ( 386 Area Co	)
	or the following amount made		·
S35 Filing 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		Amend Division The Co 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

## Articles of Amendment to Articles of Incorporation of



to

BRAVO'S HANDYMAN CORP

(Name of Corporation as curren	tly filed with the Florida Deptilof State) 20 1311:33		
P23000051739	· · · · · · · · · · · · · · · · · · ·		
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment		
A. If amending name, enter the new name of the corporation:			
SUWANNEE WELL DRILLING CORP	The new		
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A	A professional corporation name must contain the word		
B. Enter new principal office address, if applicable:	17708 16TH TRACE		
(Principal office address MUST BE A STREET ADDRESS )	LIVE OAK		
	FL 32060		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	17708 16TH TRACE		
	LIVE OAK		
	F1. 32060		
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre			
Name of New Negaterea agent			
(Florida :	street address)		
Maria da ada Ara ada Ara da Ara d	, Florida		
New Registered Office Address:	(City) (Zip Code)		
New Registered Agent's Signature, if changing Registered Agent large the appointment as registered agent. I am familia			
Signature of New	Registered Agent, if changing		
Signature ty rect	regular carrigant it changing		

☐ 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)

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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	V	YUNIOR ACOSTA	17708 16TH TRACE
X Add			LIVE OAK
Remove			FL 32060
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			4.17
Remove			
6) Change			
Add			
Remove			

-TH PURPUSE FOR WHICH THIS CORPORA	ATION IS:			
ARMING, WELL, MISC				
-COMPANY NAME CHANGE TO:				
UWANNEE WELL DRILLING CORP		.u		<del></del>
				<del></del>
,				
			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
			-	
. If an amendment provides for an exchange	. reclassification, or ca	ncellation of issued sha	ıres.	
	ent if not contained in t	he amendment itself:		
provisions for implementing the amendme				
provisions for implementing the amendme (if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
provisions for implementing the amendme (if not applicable, indicate N/A)  N/A				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/4)				

	3/01/2024
The date of each amendment(s) adoption: _	, if other than the
date this document was signed.	
Effective date if applicable:	
Effective date in applicable.	(no more than 90 days after amendment file date)
Note: If the date inserted in this block does document's effective date on the Department of	not meet the applicable statutory filing requirements, this date will not be listed as the of State's records.
Adoption of Amendment(s) (C	HECK ONE)
☐ The amendment(s) was/were adopted by th action was not required.	e incorporators, or board of directors without shareholder action and shareholder
■ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The number of votes cast for the amendment(s) rapproval.
	he shareholders through voting groups. The following statement g group entitled to vote separately on the amendment(s):
"The number of votes east for the am	endment(s) was/were sufficient for approval
. HELEN MARTIN	
Dy	oting group)
03/01/2024	
Dated	
Signature	
(By a director, pre selected, by an in-	sident or other officer – if directors or officers have not been corporator – if in the hands of a receiver, trustee, or other court ry by that fiduciary)
HELEN N	1ARTIN
	(Typed or printed name of person signing)
PRESIDE	NT
	(Title of person signing)