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ANYLAHASSEFFFFORMA

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COVER LETTER

Division of Corporations
SUBJECT: Master Handyman Services, L.L.C. 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:
Patricia S. Light Name of Person registered Agent for Manter Handyman Find/Company Sewuces, 8075 Blue Smoke Drive
Tallahassee Florida 32312 City/State and Zip Code I 19ht 6 claria amail. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Steven B. Lytt at 850 980-0565 Name of Person Area Code & Daytime Telephone Number Real States and States
Enclosed is a check for the following amount:
\$25.00 Filing Fee U\$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee & Certified Copy (additional copy is enclosed) \$25.00 Filing Fee & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Master Handyman Services L.L.C.

(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 61/05/2010 and a Florida document number L100000010.94

This amendment is submitted to amend the following:

	J		
A. If amending name, enter the new name of t	the limited liabili	ty company here:	
Light; Custom Woodu			
The new name must be distinguishable and end with "L.L.C."	the words "Limited	I Liability Company," the de	esignation "LLC" or the abbreviation
Enter new principal offices address, if applical	ble:	Same	
(Principal office address MUST BE A STREET	ADDRESS)		2813 IAC
			TAR TAR
Enter new mailing address, if applicable:	-	Same	
(Mailing address MAY BE A POST OFFICE BOX)		·	PM P
	-		<u> </u>
B. If amending the registered agent and/or	registered offic	e address on our recor	-
registered agent and/or the new registered offi		e address on our recor	us, enter the name of the ne
Name of New Registered Agent:	Same	u-	
New Registered Office Address:			
-		Enter Florid	a street address
		,	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
- MGR	Patricia Light	800000 time	Add
	ŭ	8075 Blue Smoke Drive	
* MGR	Steven B. Light	Tallahassee, Fla 3 8015 Blue Smoke Dr. Tallahassee, Fla 323	Add
_M <u>6RM</u>	Steven B. Light		
		8015 Blue Bmoke Dr Tallahassee, FL 32	
+MGRM	Kevin B. Light	8075 Blue Smoke Dr Tallahassee, FL 3 32312	Add Remove
		32312	E PAdd PA
			Remove
·			Add

D. 'If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
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Dated	June 8 2013
<i></i>	
	Autica A Tight
	Signature of a member or authorized representative of a member
	Patricia S. Light
	Typed or printed name of signee
	\mathcal{O}
	Page 3 of 3

Filing Fee: \$25.00