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## **COVER LETTER**

Division of Corporations
SUBJECT: TEDIJE 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:
GRACE VIDA Archaleta
TEDIJE HANDYMAN LLC Firm/Company
1669 BRANDYWINE RD APT 3118 Address
WEST PALM BEACH FL 33409  City/State and Zip Code
STARVIDA 2 @ Yattoo.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
GRACE VIDA Archuleta at (305) 713-6683 Area Code Daytime Telephone Number 25
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee \$30.00 Filing Fee \$ \$55.00 Filing Fee \$ Certificate of Status \$ Certified Copy (additional copy is enclosed) \$ Certified Copy (additional copy is enclosed)

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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Genter Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IEDIJE HA				
(Name of the Limited Liabili (A Florida	ity Company as it no a Limited Liability C	w appears on o	our records.)	
	-			
The Articles of Organization for this Limited Liability C	Company were file	ed on <u>Dec</u>	9,2015	and assigned
Florida document number L 15000 205 2	265		•	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability com	pany here:		
The new name must be distinguishable and contain the words "Lim	nited Liability Compa	ny," the designa	tion "LLC" or the ab	previation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>			
(Principal office address MUST BE A STREET ADDI	RESS)			
,	<del></del>			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		·		
The state of the s	<del></del>			
B. If amending the registered agent and/or registered agent and/or the new registered office add  Name of New Registered Agent:		lress on our	records, enter	the name of the new
New Registered Office Address:		P. Pl. t.		
	Enter Florida street address			
			, Florida	Zip Code
	City			Zip Code
New Registered Agent's Signature, if changing Registere	ed Agent:			
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change.	complete perform igent as provided ed office address	ance of my a for in Chapt	luties, and I am f ter 605, F.S. Or,	amiliar with and if this document is
	If Changing Reg	istered Agent, §	ignature of New Re	eistered Agent

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 **Title Address Type of Action Name** 1669 BRANDYWINE RO Appt XAdd Jaime AIRD AMBR 3118 WEST PALM BEACH □ Remove FL 33409 ☐ Change AMBR ROONEY VIDA 1669 BRANDYWINE RD Apt 3118 WEST PACM BEACA ☐ Remove 33409 FL \_□ Change □ Add □ Remove ☐ Change □ Add □ Remove S JANAD ATTACKED TO Demove □ Add ☐ Remove ☐ Change

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ocument's effective date on	the Department of	State's records.			
e record specifies a de	laved effective	date, but not	an effective tir	ne, at 12:01 a.	m. on the earlie
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Filing Fee: \$25.00