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COVER LETTER

TO: Registration Section
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 Archuleta
Name of Person

TEDIJE HANDYMAN LLC
Firm/Company

1669 BRANDYWINE RD APT 3118
Address

WEST PALM BEACH FL 33409
City/State and Zip Code

STARVIDA2 @ yahoo.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
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 Filing Fee ☒ \$30.00 Filing Fee & Certificate of Status ☒ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & 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 Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FL 32301

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TEDISE HANDYMAN LLC

Page 1 of 3

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Jaime AIRD	1669 BRANDYWINE RD Apt	<input checked="" type="checkbox"/> Add
		3118 WEST PALM BEACH	<input type="checkbox"/> Remove
		FL 33409	<input type="checkbox"/> Change
AMBR	ROONEY VIDA	1669 BRANDYWINE RD Apt	<input checked="" type="checkbox"/> Add
		3118 WEST PALM BEACH	<input type="checkbox"/> Remove
		FL 33409	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated January 7, 2016.


Signature of a member or authorized representative of a me

Signature of a member or authorized representative of a member

GRACE VIDA Archuleta

Typed or printed name of signee