

2160000 81542

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

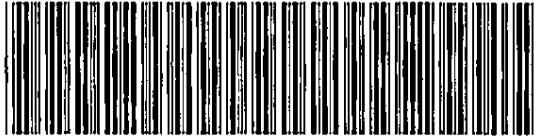
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/01/18--01018--002 **25.00

FILED
2018 DEC 13 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FL

C. GOLDEN
DEC 14 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Father & Son Handyman Services, 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:

Christopher Griffin
Name of Person

Griffin Home Services
Firm/Company

15517 Starling Water dr
Address

Lithia FL 33547
City/State and Zip Code

griffinhomeservicesllc@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher Griffin at (813) 853 0218
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

→ already paid

- \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 3, 2018

CHRISTOPHER GRIFFIN
15517 STARLING WATER DRIVE
LITHIA, FL 33547

SUBJECT: FATHER & SON HANDYMAN SERVICES, LLC
Ref. Number: L16000081542

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 418A00024710

RECEIVED
2018 DEC 13 AM 11:00
CLARY OF
TALLHASSEE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 19, 2018

CHRISTOPHER GRIFFIN
15517 STARLING WATER DRIVE
LITHIA, FL 33547

SUBJECT: FATHER & SON HANDYMAN SERVICES, LLC
Ref. Number: L16000081542

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be in portrait format, not landscape.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 918A00023747

RECEIVED

2018 NOV 29 AM 11:43

SECRET
TALL

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2018 DEC 13 AM 11:24
STATE CLERK OF STATE
TALLAHASSEE, FL

Father & Son Handyman Services, LLC
(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 4/26/2016 and assigned Florida document number L16000081542

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Same

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

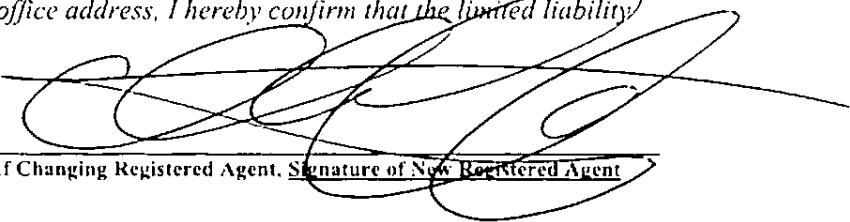
Name of New Registered Agent: Christopher Griffin

New Registered Office Address: 15517 Starling Water Dr
Enter Florida street address

Lithia, Florida 33547
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 605, 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 anending 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	John Griffin	15517 Starling Water dr	<input type="checkbox"/> Add
		Lithia FL 33547	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Christopher Griffin	15517 Starling Water dr	<input type="checkbox"/> Add
		Lithia, FL 33547	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Michael Griffin	15517 Starling Water dr	<input checked="" type="checkbox"/> Add
		Lithia, FL 33547	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

E. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: Nov 1st 2018 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 10/30/2018

Handwritten signature of Christopher Griffin over a horizontal line.

Signature of a member or authorized representative of a member

Christopher Griffin

Typed or printed name of signee