K2C COCO 69759

(Reque	estor's Name))
(Addre	ss)	
(Addre	ss)	
(City/S	tate/Zip/Phor	ne #)
PICK-UP	WAIT	MAIL
(Busine	ess Entity Na	me)
(Docur	nent Number)
Certified Copies	Certificate	es of Status
Special Instructions to Filin	ng Officer:	

Office Use Only



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FLORIDA DEPARTMENT OF STATE ~- Division of Corporations

July 23, 2021

ORLANDO WOODS 9344 VIA MURANO CT FT MYERS, FL 33905 US

SUBJECT: ORLANDO WOODS HANDYMAN SERVICES LLC

Ref. Number: L20000069759

We have received your document for ORLANDO WOODS HANDYMAN SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

YOU HAVE SENT IN AN INCOMPLETE FORM, THE AMENDMENT CONSISTS OF 4 PAGES AND YOU ONLY SENT IN PARTIAL, PLEASE SEND IN THE COMPLETED FORM.

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) 245-6052.

Letter Number: 121A00017213

SHAMIYA M HARRIS Regulatory Specialist II

www.sunbiz.org

COVER LETTER

Division of Corp	porations		
SUBJECT: OT	ando Woo	cls Handy Mo	in Services LLC
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	Orland	Name of Person	
	Orlandol	Woods Hand	ly Man Services LLC
	9344 Vic	Murano ct	•
	Ft. mys	City/State and Zip Code	705
	O Wood S	to be used for future annual report notif	<u>Com</u>
For further information eo	ncerning this matter, please co	all:	
Orland Name of	Person Woods	at (239) 841 Area Code Daytime	- 6633 Telephone Number
Enclosed is a check for the	e following amount:		
\$25,00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Fitting Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Or lando Woods Handyman Services LLC

(Name of the Limited Liability Company)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Com	pany were filed on	and assigned
Florida document number		
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 ADDRES	<u> </u>	
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of	fice address on our records, <u>enter the na</u>	me of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
The Regimered Office (Radies).	Enter Florida street address	**
	, Florida	
	Ciţv	Zip Code
New Registered Agent's Signature, if changing Registered Ag	gent:	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	plete performance of my duties, and I am t as provided for in Chapter 605, F.S. Oi	famíliar with and r, if this document is

If Changing Registered Agent, Signature of New Registered 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

<u>Title</u>	Name	Address	Type of Action
AMBR	or lando bloods	9344 Via Murano O Ft. myers, FL 33	1905
			□Remove
			□Change
<u>AmBR</u>	Amie Woods	9344 Via Muranoco Ft. Myers, FL 3:	to the
			Remove
			□Add
			□Remove
			🗆 Change
			DAdd
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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(If an eff	ve date, if other than the date of filing:
he recor ord is fil	I 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 ed.
Dated	06 28 2001
	Signature of a member of authorized representative of a member
	Signature of a member of authorized representative of a member
	Typed or printed name of signee

Filing Fee: \$25.00