L18000154276

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

TO:

TO: Registration Division of C	Section Corporations		
	THE HANDYMAN LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	CHRISTOPHER ROWE		
	CHRISTOPHER ROWE Name of Person CHRIS THE HANDYMAN LLC Firm/Company 4940 NW 57TH CT Address TAMARAC, FL 33319 City/State and Zip Code CHRISROWE451@GMAIL.COM E-mail address: (to be used for future annual report notification) in concerning this matter, please call:		
	CHRIS THE HANDYMA	N LLC	
		Firm/Company	
	4940 NW 57TH CT		
		Address	
	TAMARAC, FL 33319		
	CHRISROWE451@GMA	•	···
	-		ification)
For further informatio	n concerning this matter, please ca	all:	
CHRISTOPHER RO	OWE		
Nan	ne of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check fo	or 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)
Reg	ILING ADDRESS: istration Section ision of Corporations	STREET/COUR Registration Section Division of Corpo	on

P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHRIS THE HANDYMAN LLC		
(Name of the Limited Liabili (A Florida	ty Company as it now appears on our a Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability C Florida document number L18000154276	Company were filed on 6/25/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	or no will have
(Principal office address MUST BE A STREET ADDR	(ESS)	
		SE VSE
	 -	ORE OR
Enter new mailing address, if applicable:		6 27A
(Mailing address MAY BE A POST OFFICE BOX)		PR PR
		S I S I S I S
		3 TON 19
B. If amending the registered agent and/or registered agent and/or the new registered office add		ecords, enter the name of the ne
Name of New Registered Agent:	 	
New Registered Office Address:		
- · · · · · · · · · · · · · · · · · · ·	Enter Florida 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 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 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
MGR	CHRISTOPHER ROWE	4940 NW 57TH CT	Add
		TAMARAC, FL 33319	Пепюче
			Change
			Петюче
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fective date, if other than the an effective date is listed, the date mu	date of filing:	7/11/2018		Ab 00	_ (option:	al)	- 405 03
ote: If the date inserted in this b	lock does not me	eet the applica	ible statutory	or more than 90 filing requirem	ents, this da	ing.) Pursuant i ate will not b	e listed
ocument's effective date on the I	Department of Sta	ate's records.					
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