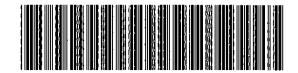
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(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
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(Document Number)					
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T. HAMPTON

APR - 3 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: C And C Handyman Service 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:
John w Clemons (Name of Person)
Cando Handrman Services LLC (Firm/Company)
9242 SE 50th Ave (Address)
Starke Fl 32091 (City/State and Zip Code)
For further information concerning this matter, please call:
Tohn w Clemons (Name of Person) at (352), 468 - 2580 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \times \text{\$30.00 Filing Fee & Certificate of Status} \text{\$\text{Certified Copy (additional copy is enclosed)}} \text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \$\text{\$

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

CAND C HANDY			~C.	TATE LATION
(Name of the Limited/Lin (A Flo	ability Company as it orida Limited Liability	Company)	our records.	20
The Articles of Organization for this Limited Liabi	ility Company were	filed on $\underline{\mathcal{N}}$	17, 2008	_ and assigned
Florida document number <u>L04000 915</u>	86.			
This amendment is submitted to amend the following	ing:			
A. If amending name, enter the new name of th	e limited liability co	ompany bere:		
Clemons HANdyman				
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Lia	bility Company,"	the designation "LL0	C" or the abbreviation
B. If amending the registered agent and/or registered agent and/or the new registered office	_	Mires on our	records, <u>enter the</u>	name of the new
Name of New Registered Agent:				
New Registered Office Address:		/F	Florido street addre	
		(EJUET)	ruvidu Sireet didire	337

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 608, 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.

(City)

(If Changing Registered Agent, Signature of New Registered Agent)

Florida

(Zip Code)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>		Address	Type of A	<u>ction</u>
<u>ngri</u>) Georg	e Erews	8645 SR 100 west Starke Fl 32091	Add Remove	•
+7				Add Remove	
	_			Add Remove	
				Add Remove	
<u></u>				Add Remove	
•				Add Remove	
D. If a	mending any other	information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	08 APR -2 PM 12: 24	SECRETARY OF STATE DIVISION OF CORPORATIONS
Dated _	March 31	Signature of a member	Clomano er or authorized representative of a member		₹5
		John W C	d or printed name of signee	 	

Page 2 of 2

Filing Fee: \$25.00