

L05000116037

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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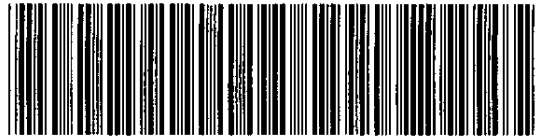
(Business Entity Name)

(Document Number)

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FILED
2010 JAN 19 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
JAN 21 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RENAISSANCE 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:

THOMAS R COPPER
Name of Person

RENAISSANCE HANDYMAN LLC
Firm/Company

"NEW NAME"

⇒ TOM COPPER RENOVATIONS
LLC

12335 PLUMMER GRANT ROAD
Address

JACKSONVILLE FL 32258
City/State and Zip Code

COPPER TOPPER @ COMCAST.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TOM COPPER at (904) 477 2301
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2010 JAN 19 AM 10:09

RENAISSANCE HANDYMAN

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/05/2005 and assigned
Florida document number L 05000116037.

This amendment is submitted to amend the following:

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

TOM COPPER RENOVATIONS, LLC

The new name must be distinguishable and end with 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)

12335 PLUMMER GRANT ROAD
JACKSONVILLE FL 32258

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

12335 PLUMMER GRANT ROAD
JACKSONVILLE FL 32258

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:

N/A

New Registered Office Address:

12335 PLUMMER GRANT ROAD

Enter Florida street address

JACKSONVILLE

City

Florida

32258

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 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.

N/A

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated 12 JAN 2010, _____.

James R. Copper
Signature of a member or authorized representative of a member
James R. Copper
Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA