## #10600001692

(Requestor's Name)				
(Address)				
(Ad	ddress)			
(Ci	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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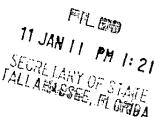
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NI ASMASSES ELRIPHINI

EXAMINER
JAN 1 2 2011

## **COVER LETTER**

TO: R	egistration S ivision of Co	section rporations	
SUBJECT	:	A Hand	dy Couple, LLC
		Name of Lim	ited Liability Company
The enclose	ed Articles o	f Amendment and fee(s) are sul	bmitted for filing.
Please retur	m all corresp	Ondence concerning this matter	r to the following:
	James A. Farrow		
			Name of Person
		A	Handy Couple, LLC
			Firm/Company
1576 Bella Cruz Drive #152			
			Address
		ì	Lady Lake, FL 32159
			City/State and Zip Code
		E-mail address: (1	to be used for future annual report notification)
For further	information (	concerning this matter, please c	all: 209 4101
	Jan	nes A. Farrow	at ( 352 ) 233-8083
	Name	of Person	Area Code & Daytime Telephone Number
Enclosed is	a check for t	the following amount:	
S25.00 F	iling Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
: .	Regist Divisio P.O. B	AING ADDRESS: ration Section on of Corporations lox 6327 assee, 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



Zip Code

A HANDY COU	IPLE, LLC		"Lurida
(Name of the Limited Liability Company) (A Florida Limited Liab	as it now appears of ility Company)	n our records.)	
The Articles of Organization for this Limited Liability Company wo	ere filed on	1/5/2006	and assigned
Florida document numberL06000001692			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabilit	y company here:		
The new name must be distinguishable and end with the words "Limited "L.L.C."	Liability Company,	" the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		·	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our	records, enter th	e name of the new
Name of New Registered Agent:			
New Registered Office Address:	F	Florida street addr	
	Emer .		eaa
		. Florida	

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

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

Title	<u>Name</u>	Address	Type of Action
MGRM	Morse, Howard T.	17202 SE 85th Willowick Circle The Villages, FL 32162	Add Remove
			Add Remove
			Add Remove
D. If amendin	g any other information, enter change(	s) here: (Attach additional sheets, if necessary.)	_
			<del></del>
Dated	January 06 201	I.	
<del>-</del>	Jan	authorized representative of a member 198 A. Farrow printed name of signee	

Page 2 of 2

Filing Fee: \$25.00