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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Special Instructions to Filing Officer:				
A. LUNT				
DEC - 1 2008				
EXAMINER				

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ZOOO NOV 26 PH 3: 39
SECRETARY OF STATE
ALLAHASSEE, FIRE

Office Use Only

COVER LETTER

Division of Cor	porations •			
SUBJECT:	OSH'S HAN	DYMAW SERVE	ICES LLC	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Josh	Gun derson (Name of Person)	ZOOR NOV 26 SECRETAR TALLAHASS	~
		(Firm/Company)	AHA AN A	
	3848 L	eximalk Ln. O	with 109 SSEE F	T
	Rockeled	Gry/State and Zip Code)	PH 3: 39 PH 3: 39	many of
For further information c	oncerning this matter, please ca	all:		
Name of	oun de Bon of Person)	at (267) 968-83 (Area Code & Daytime T	SIZ Telephone Number)	
Enclosed is a check for the	ne 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)	
MAIL	ING ADDRESS:	STREET/COURIER	ADDRESS:	

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

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JOSH'S HANDYMAN	N SERVICES	LLC
(Name of the Limited Liability ((A Florida Li	Company as it now appears on our remited Liability Company)	ecords.)
,	# #h	(8:00 Am)
The Articles of Organization for this Limited Liability Con		2007 and assigned
Florida document number L07000620	233	
	• •	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
JOSH'S PERFE	CT PAINTI	NO LLC
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Company," the des	signation "LLC" or the abbreviation
L.L.C.		7. 2
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	
		S A N
	(, ,	M-X or
Enter new mailing address, if applicable:	,	E 3
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
	WIA	
	——————————————————————————————————————	
B. If amending the registered agent and/or register	red office address on our record	is, enter the name of the new
registered agent and/or the new registered office addre		of the hame of the hew
Name of New Registered Agent:	\ II	
New Registered Office Address:	(Enter) Florid	a street address)
		a serves uuur cosj
	·	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 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.

(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

<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
		:	LCRECTION AREA
			FLORE RESOUR
			Add Remove
D. If amen	nding any other information, enter c	hange(s) here: (Attach additional sheets, if necessary)
			-
Dated <u></u>	John	2008. LA (2	
	Signistire of a mo	ember of authorized representative of a member Shya A Gun da Son	

Page 2 of 2

Filing Fee: \$25.00