

LO7000106065

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D. BRUCE

MAY 09 2011

EXAMINER.

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: J. Newell Handyman Services L.L.C.  
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:

Gina Rose Newell  
Name of Person

Firm/Company

10412 New Brunswick Street  
Address

Port Charlotte FL 33981  
City/State and Zip Code

grnewell3180@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gina Rose Newell at (941) 695 5790  
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

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11 MAY -5 PM 12:46  
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

J. Newell's Handyman Services LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 5/3/2011 and assigned  
Florida document number L07000106065

This amendment is submitted to amend the following:

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

Gullotta's Homewatch, Repairs, and Garden Mastery 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)

10412 New Brunswick St.  
Port Charlotte FL 33981

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10412 New Brunswick St.  
Port Charlotte FL 33981

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:

Gina Rose Newell

New Registered Office Address:

10412 New Brunswick St.  
Enter Florida street address  
Port Charlotte, Florida 33981  
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.

Registered Agent  
is the same

NO

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:

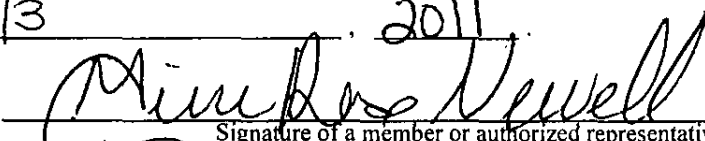
MGR = Manager  
MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	Joshua H. Newell	15399 Brainbridge Circle Port Charlotte FL 33981	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

only amending the managers name  
and business name. If any questions  
Please Call 941 698 5790 or email  
jnewell3180@gmail.com Thank you

Dated 5/3 2011



Signature of a member or authorized representative of a member

Gina Rose Newell

Typed or printed name of signee

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TALLAHASSEE, FLORIDA