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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	• #)
PICK-UP	☐ WAIT	MAIL
· (Bu	siness Entity Nam	ne)
(Do	ocument Number)	
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COVER LETTER

TO: Registration Se Division of Cou					
SUBJECT:	e gada man 94/	ted Liability Company	end by Schill	linger 1	Enter
	Name of Limit	ted Liability Company		<i>"J</i>	ZZE
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			•
Please return all correspo	ndence concerning this matter	to the following:			
	Richardo	Name of Person			
	Richard Gr. Sc	Linger Forter	arises LLC		
	3280-55A	Address The Usu	185		
	fort Charle	City/State and Zip Code	52	2	
	Januari address: (t	to be used for future annual report notification	ication)		
For further information c	oncerning this matter, please c	all:		17 Y 18	
Kichard (go Name o	f Person	at Area Code & Daytime	8430 e Telephone Number	PH 2: 00	
Enclosed is a check for the	he following amount:		_		
□ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy	☑\$60.00 Filing Certificate	g Fee. of Status &	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

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

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Handyman 941 LLC			
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our records.) iability Company)		
The Articles of Organization for this Limited Liability Company		and assign	ıed
Florida document number <u>Lo 80000 38855</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and end with the words "Limit"L.L.C."	ted Liability Company," the designation "	LLC" or the abb	reviation
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)	Richard G. Schillinger 3280-55 A Tamian Fort Charlotte, Fl	Entery Trl. Up 33952	rises LL
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		the name of t	<u>be new</u>
Name of New Registered Agent:		213	E E
New Registered Office Address:	Enter Florida street add	dress =	- Property
	, Florida	7 P	FT
	City	Zip Code	STRICE OF
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 of Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
	NA		Add
			Remove
			Add
			Remove
			
			Add
			Remove
			Remove
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			The case of the control of the contr
			Add
			Remove
			-
			Add
			Remove

. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	N/A
ated	15 Oct. 2013.
	Signature of a member of authorized representative of a member Pickard G. School of Typed or printed name of signee
	Signature of a member of authorized representative of a member
	Kichard G O Million er Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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