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## **COVER LETTER**

то:		stration Section of Corp				
SHD 1E7	CT.	317 Navajo. 	LLC			
SUBJEC	U1; _			nited Liability Company		
The encl	losed	Articles of A	Amendment and fee(s) are sub	omitted for filing.		
Please re	eturn a	ıll correspor	dence concerning this matter	to the following:		
			R. Kevin Korey, Esq.			
				Name of Person	<del></del>	
			Robert Kit Korey, PA			
				Firm/Company		
			595 W. Granada Blvd. Ste	s. <b>A</b>		
				Address		
			Ormond Beach, FL 32174			
ted@tedcoxteam.com			City/State and Zip Code			
			-			
				to be used for future annual re	port notification)	
For furth	er inf	ormation co	ncerning this matter, please co	all:		
R. Kevir	n Kor	ey, Esq.		386-677- 3931		
		Name of	Person	at ()	Daytime Telephone Number	
Enclosed	lis a c	theck for the	e following amount:			
□ \$25.0	00 Fil	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	sed) Certified (	of Status &

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**

317 Navajo, LLC		
( <u>Name of the Lim</u>	ted Liability Company as it now appears of (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited L	lability Company were filed on $\frac{6/23/2}{1}$	008 and assigned
Florida document number L08000061108	<u> </u>	
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of	of the limited liability company here	
Village Handyman Services, LLC		
The new name must be distinguishable and contain the	words "Limited Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applie	eable:	
(Principal office address MUST BE A STREET ADDRESS)		ALSE T
		<u> </u>
Enter new mailing address, if applicable:		-3 RARY OF ARY OF
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	100 <b>20</b>
	-	हित धु
B. If amending the registered agent and registered agent and/or the new registered o		r records, enter the name of the nev
Name of New Registered Agent:	R. Kevin Korey, Esq.	
New Registered Office Address:	595 W. Granada Blvd. Ste. A	
	Enter Florida	street address
	Ormond Beach, FL 32174	. 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 605, 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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member			
<u>Title</u>	Name	Address	Type of Action
			□ Add
			Remove
			Change
<u></u>			□ Add
			□ Remove
			Change
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			□ Change
			□ Remove
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r, ii amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary	·/	
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		DA 35	
Note: I	te date, if other than the date of filing: (optional) etive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. If the date inserted in this block does not meet the applicable statutory filing requirements, this date nt's effective date on the Department of State's records.	) Pursuant to 605. will not be liste	0207 (3)( d as the
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. 90th day after the record is filed.	on the earlie	er of:
Dated _	10 2 , 20 7 .  X I Signature of a member or authorized representative of a member		
	Signature of a member or authorized representative of a member		
	Ted Cox Typed or printed name of signee	<del> </del>	

Page 3 of 3

Filing Fee: \$25.00