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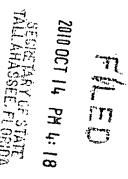
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J. SAULSBERRY EXAMINER

DCT 1 5 2010

COVER LETTER

TO:	Registration Sec Division of Corp					
SUBJ	SUBJECT: Sea-Mist Handyman L.L.C.					
		Name of Limi	ted Liability Company			
The er	nclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspor	ndence concerning this matter	to the following:			
			Dennis G. Poley, Jr.		-	
	Name of Person					
	Sea-Mist Handyman L.L.C.					
	Firm/Company				•	
7550 Wimpy Ln.						
	Address				•	
	Tampa, FL 33625				ZOII TALL	
	City/State and Zip Code				SHE SHE	- Ti
ddhandyman@live.com E-mail address: (to be used for future annual report notification)					2010 OCT 14 SEGRETARY (ALLAHASSEE	-
		E-mail address: (t	o be used for future annual report	nouncation)	4. 79 4. 19 4. 19	ĺΠ
For fu	rther information co	oncerning this matter, please c	all:		PH 4: 11 OF STATE OF LORID	G
	Denni	s G. Poley, Jr.	at (239)	272-1182	SIATE SIATE 81:18	•
	Name of	Person		nytime Telephone Numbe	er	
Enclos	sed is a check for the	e following amount:				
\$2.	5,00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enc.)	losed) Certified	ate of Status &	osed)

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

Sea-Mist Han	dyman L.L.C.	our records)	_	
(Name of the Limited Liability Compa (A Florida Limited I	Liability Company)	out records.		
The Articles of Organization for this Limited Liability Company	were filed on	8-11-2008	and ass	signed
Florida document numberL08000077027				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
Detail Denny Ha	ndyman L.L.C.			
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company,"	the designation "	LLC" or the	abbreviation
Enter new principal offices address, if applicable:	10323 Nicaron C	st		
(Principal office address MUST BE A STREET ADDRESS)	Seminole, FL			
	33778		15E 10E	
		_	SEURET SEURET	11
Enter new mailing address, if applicable:	P.O. Box 7628		SE SE	0/4-man
(Mailing address MAY BE A POST OFFICE BOX)	Seminole, FL		F 2	[]]
	33775		SS F	C
			% GE 400	
B. If amending the registered agent and/or registered of		records, <u>enter</u>	,	of the nev
registered agent and/or the new registered office address her	<u>'e</u> :			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter F	lorida street ad	aress	
		, Florida	5 . ~ .	
	City		Zip Code	e

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 = Ma MGRM = N	nager ∕Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	FILE
Dated	Signature of a member	or printed name of signer	

Page 2 of 2

Filing Fee: \$25.00