

L09000001167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

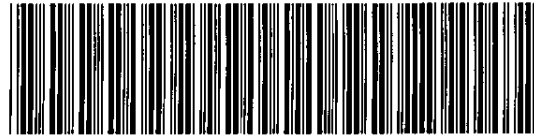
(Business Entity Name)

(Document Number)

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11 SEP 12 PM 4:27
CLERK OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
SEP 12 2011



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 30, 2011

ABSOLUTE QUALITY HANDYMAN SERVICE, LLC
ANTHONY J URBON
5863 JEFFERSON RD.
VENICE, FL 34293

SUBJECT: ABSOLUTE QUALITY HANDYMAN SERVICE, LLC
Ref. Number: L09000001167

We have received your document for ABSOLUTE QUALITY HANDYMAN SERVICE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P08000028447 "SUPPORTING INDEPENDENCE, INC.".

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 711A00020255

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Absolute Quality Handyman Service, LLC
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:

Anthony J. Urban
Name of Person

Absolute Quality Handyman Service, LLC
Firm/Company

5863 Jefferson Rd
Address

Venice FL 34293
City/State and Zip Code

KU5863@verizon.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen Urban at (941) 993-0686
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

TO
ARTICLES OF ORGANIZATION
OF

Absolute Quality Handyman, 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 1/5/09 and assigned
Florida document number L 09000001167.

This amendment is submitted to amend the following:

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

Preserving ~~Supporting~~ Independence, 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Karen J. Urbon

New Registered Office Address:

Enter Florida street address

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.

Karen J. Urbon
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

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Karen Urbon	5863 Jefferson Rd Venice FL 34293	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Anthony Urbon	5863 Jefferson Rd Venice FL 34293	<input type="checkbox"/> Add <input checked="" 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.)

Dated Aug 22, 2011.

Anthony Urbon
Signature of a member or authorized representative of a member
Anthony J. Urbon
Typed or printed name of signee