

L09000021138

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

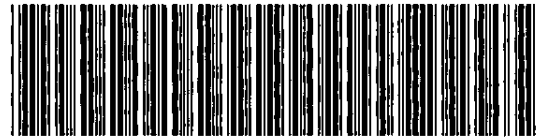
(Business Entity Name)

(Document Number)

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14 JUL - 7 PM 14:15
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STATE OF TEXAS
SECRETARY OF STATE

T. Burch JUL 14 2014

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Ed Davis II Handyman Service, LLC.

DOCUMENT NUMBER: LO9000021138

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Merryann Davis
Name of Contact Person

Ed Davis II Handyman Service, LLC.
Firm/ Company

1674 Ardisia St.
Address

North Port, Fl. 34288
City/ State and Zip Code

eddavis2handyman@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Merryann Davis at (941) 626-6087
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
|---|---|--|--|

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 25, 2014

MERRYANN DAVIS
1674 ARDISIA ST
NORTH PORT, FL 34288

SUBJECT: ED DAVIS II HANDYMAN SERVICE, LLC
Ref. Number: L09000021138

We have received your document for ED DAVIS II HANDYMAN SERVICE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You submitted the wrong type of form, proper forms are enclosed.

Please return your document, along with a copy of this letter, within 60 days or *your filing will be considered abandoned.*

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch
Regulatory Specialist II

Letter Number: 214A00013776

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Ed Davis II Handyman Service, 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 3/3/2009 and assigned
Florida document number LO9000021138

This amendment is submitted to amend the following:

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

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: _____

New Registered Office Address: _____

1674 Ardisia St.

Enter Florida street address

North Port

City

Florida

34288

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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

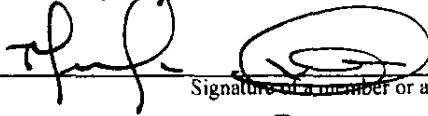
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Trustee</u>	<u>Thomas Davis</u>	<u>1159 Montana Ln.</u>	<input type="checkbox"/> Add
		<u>North Port, fl 34286</u>	<input checked="" type="checkbox"/> Remove
<u>Secretary</u>	<u>Shawna Brubaker</u>	<u>1699 Oakland Rd</u>	<input type="checkbox"/> Add
		<u>North Port, fl. 34286</u>	<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

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated June 30, 2014



Signature of a member or authorized representative of a member

Merrifann Davis

Typed or printed name of signee

Authorized Representative

14 JUL -7 PM 10:40