

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
 Division of Corporations
 Fax Number : (850)617-6383

From:
 Account Name : CLARA GIRALDO, P.A.
 Account Number : I19990000017
 Phone : (305)485-9300
 Fax Number : (305)485-1098

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PINO'S LANDSCAPING LLC

Certificate of Status	0
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Page Count	04
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AUG 15 2016

S. YOUNG

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 16 AUG 12 AM 9:32

2016 AUG 12 PM 1:18

TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Pino's Landscaping, LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(All Florida Limited Liability Companies)

The Articles of Organization for this Limited Liability Company were filed on 10/26/2009 and assigned
Florida document number LO3000103149

This amendment is submitted to amend the following:

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

Pino's Handyman, LLC.

The new name must be distinguishable and contain 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:

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 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

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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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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CLARA GIRALDO P.A.
4080 SW 84 AVENUE SUITE C
MIAMI, FL 33135
PH.: (305) 485-9300

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

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

July 22

Signature of a member or authorized representative of a member

Typed or printed name of signer:

08/12/2016 02:52
850-617-6381

3054851098

CLARA GIRALDO P.A

PAGE 02

8/3/2016 10:35:23 AM PAGE 1/001 Fax Server



August 3, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

PINO'S LANDSCAPING LLC
1855 NE 121ST STREET
7
MIAMI, FL 33181

SUBJECT: PINO'S LANDSCAPING LLC
REF: L09000103149

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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.

The document number of the name conflict is L03000008618 "HANDYMAN LLC".

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.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H16000185886
Letter Number: 316A00016266

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CLARA GIRALDO P.A.
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