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| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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C. LEWIS

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EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations | | | | | |
|---|--|--|--|--|--|
| SUBJECT: Handyman Service by Richard Goode Jr. 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: | | | | | |
| Richard Goode Jr. Name of Person | | | | | |
| Handy man Service by Richard Goode Jr. LLC | | | | | |
| 102 Lea Ave Address | | | | | |
| Languaged Fl. 32750 City/State and Zip Code | | | | | |
| Measure F.'rs+a Yahoo.Com E-mail address: (to be used for future annual report notification) | | | | | |
| For further information concerning this matter, please call: | | | | | |
| Richard Garda Jr. at (407) 486-5049 Name of Person Area Code & Daytime Telephone Number | | | | | |
| Enclosed is a check for the following amount: | | | | | |
| \$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ \$\ \text{Certified Copy} \\ \text{(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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ed 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 11-2-2009 and assigned 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: Enter Florida street address

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.

City

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 | | | | | |
|--|--|--|------------------|--|--|
| Title · | <u>Name</u> | Address | Type of Action | | |
| m <u>brm</u> m <u>brm</u> | Princess A. Goode Princess A. Goode | 119 ALABAMA st. Mattapan, MA. Oalab | Add Remove | | |
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| | _ | (s) here: (Attach additional sheets, if necessary.) Chard Goode 30. | | | |
| | ro percent to re | 77.00002 | - | | |
| Dated <u>N</u> | ovember 29th, 2010 | <u> </u> | FIL 2010 DEC -1 | | |
| | Richard Goode | or authorized representative of a member | ANTE OF LORIDO | | |
| Typed or printed name of signee Page 2 of 2 | | | | | |

Filing Fee: \$25.00