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2015 SEP 25 P 2: 58
SECRETARY OF STATE
ALLAHASSEF, FI ORIGA

FILED



COVER LETTER

TO: Registration Se Division of Cor	ection porations. , ,		
SUBJECT: HAW	MAN SWITTONS Name of Lim	of JACKSONVICUI	<u>E</u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Journey	Name of Person	
	THE D	OCK SHOP Firm/Company	
	14286 BEACH	RUO. Address	
	JACKSON	City/State and Zip Code	
	Jovania address: (to be used for future annual report notific	
For further information of	oncerning this matter, please co	all:	Acc 2
Jala-trans	AYUNC of Person	at (<u>904</u>) <u>994</u> . Area Code Daytime	e Telephone Number 178 EP 25 EF 25 E
Enclosed is a check for the	he following amount:		Fig. D
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HANDYMAN SOUTIONS OF	JACKSONVILLE LLC
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L100002992\</u> .	, ,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
THE DOCK SHOP LLC	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	14286 BEACH BLVD
(Principal office address MUST BE A STREET ADDRESS)	UNIT # 19-229
	JACKSONVILLE FC 32250
Enter new mailing address, if applicable:	14286 BENCH BWD
(Mailing address MAY BE A POST OFFICE BOX)	UNIT # 19-129
	JACKSMUILLE FC, 32250
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our records, enter the name of the new \underline{e} :
Name of New Registered Agent:	¥ 2
New Registered Office Address: 14286 Sef	Enter Florida street address
JACKSO	MUE, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	F. 60 5
I hereby accept the appointment as registered agent and agree	ee 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 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>	Address	Type of Action
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<u>e:</u> If the	e date insert	ed in this b	olock does	not me	et the ap	oplicable	statutory	filing rec	uirement	s, this dat	e will n	ot be listed
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Filing Fee: \$25.00