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(Re	questor's Name)	
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S. HAWKES

OCT 2 6 2010

EXAMINER

COVER LETTER

TO:	Registration S Division of Co	Section orporations				
SURIE	SUBJECT: Rob's Handyman Can LLC					
50201			ited Liability Company			
The en	closed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please	return all corresp	condence concerning this matter	to the following:			
	Robert E.Jones					
Name of Person						
	Radio Health LLC			4-1		
	Firm/Company					
	1035 Primera Blvd Suite 1041					
	Address					
		1	Lake Mary FL. 32746			
			City/State and Zip Code	·		
			adiohealth@live.com to be used for future annual report notification)			
For fur	ther information	concerning this matter, please of	•			
	Ro	obert E Jones	at (407) 219-949			
	Name	of Person	Area Code & Daytime Telephone	Number		
Enclos	ed is a check for	the following amount:				
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	0.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)		
	Regis Divis P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, FL 32314	STREET/COURIER ADDR Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	ESS:		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ro	b's Handyn	nan Can LLC		
(<u>Name of the Limited</u> (A	Liability Compar Florida Limited L	ny as it now appea .iability Company)	rs on our records.)	
The Articles of Organization for this Limited Li	ability Company	were filed on	05/10/2010	and assigned
Florida document numberL10000049758				8
This amendment is submitted to amend the folk	•		,	125 PH
A. If amending name, enter the new name of			<u>re</u> :	Ķ.
	Radio Hea			
The new name must be distinguishable and end wit "L.L.C."	h the words "Limi	ted Liability Compa	any," the designation "l	LC" or the abbreviation
Enter new principal offices address, if applic	1035 Primera	a Blvd Suite 1041		
(Principal office address MUST BE A STREE	T ADDRESS)	Lake Mary F	L 32746	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	B <u>OX)</u>			
B. If amending the registered agent and/or the new registered of Name of New Registered Agent:			our records, <u>enter t</u>	the name of the new
 	1025 Drimo:	ro Blud Suito 1	041	
New Registered Office Address:	1035 Primei	ra Blvd Suite 1	04 1 ter Florida street add	hann
		En	ier rioriaa sireet aaa	ress
	L	.ake Mary	, Florida	32746
		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.

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>	Address	Type of Action	
<u>_</u>			Add Remove	
			Add Remove	
			1 25 Page 12: 11 Add Remoral 2: 11 Add Add	
			Remove Add Remove	
			Add Remove	
D. If amen	ding any other information, enter c	change(s) here: (Attach additional sheets, if necessary.)		
- - -				
Dated	October 22	Plat E March	_	
	Signature of a m	nember or authorized representative of a member Robert E. Jones		
	-	Typed or printed name of signee		

Page 2 of 2

Filing Fee: \$25.00