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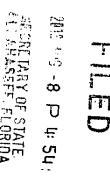
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COVER LETTER

	Registration Se Division of Cor			
SUBJEC		landyman LLC		
SUBJEC	.1:	Name of Lim	nited Liability Company	A
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	turn all correspo	ndence concerning this matter	to the following:	
		Lyndee Carhart		
			Name of Person	
		Chad The Handyman LLC		
			Firm/Company	
		17000 Alico Commerce Co	t., Unit 106	
		Chad The Handyman LLC Firm/Company 17000 Alico Commerce Ct., Unit 106 Address		
		Fort Myers, FL 33967		
			City/State and Zip Code	
		lyndee@handymanchad.com		
		E-mail address: (to be used for future annual report notif	fication)
For further	er information c	oncerning this matter, please c	all:	
Lyndee (Carhart		239 245-7403	
	Name o	f Person	Area Code Daytimo	e Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 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

Chad The Handyman LLC		
(Name of the Limited Liability Co. (A Florida Lin	ompany as it now appears on our reconited Liability Company)	<u>ras.</u>)
The Articles of Organization for this Limited Liability Comp	pany were filed on 06/29/2010	and assigned
Florida document number L10000069217		
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 contain the words "Limited	Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u>(S)</u>	
		77 (4) 4 (5) (5) (4) (700) (7) (4) (7)
Enter new mailing address, if applicable:		7/3 2/3
Mailing address MAY BE A POST OFFICE BOX)		max to
		LCRIDE TLCRIDE
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		ds, enter the name of th
Name of New Registered Agent:		
New Registered Office Address:		_
	Enter Florida street addr	ess
		lorida
	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

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>	Name	<u>Address</u>	Type of Action
AMBR	Chad Carhart	17000 Alico Commerce Ct., #106	
		Fort Myers, FL 33967	□ Remove
			☐ Change
			☐ Add
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n effective date is	inserted in this bloc	ck does not meet ti	he applicable statu	tory filing require	ements, this da	ate will not be	isted
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te: If the date							
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