

LI 000101520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

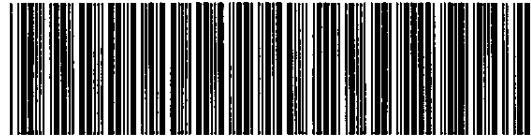
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CLERK OF SUPERIOR COURT
FALL ARIZONA

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LI-101520

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **LEO Q HANDYMAN, 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:

LEONARDO QUINONES

Name of Person

LEO Q PAINTING AND SERVICES, LLC

Firm/Company

9628 SW 146 PLACE

Address

MIAMI, FL 33186

City/State and Zip Code

DIVERSIFIEDSOLUTIONS@USA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LEONARDO QUINONES

Name of Person

at **786** **217-8569**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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

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TALLAHASSEE, FL 32301

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LEO Q HANDYMAN, LLC

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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
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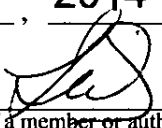
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 CLERK OF SUPERIOR
 COURT
 JUDICIAL BRANCH
 1000 EAST 10TH AVENUE
 DENVER, CO 80202

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

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated MAY 14, 2014



Signature of a member or authorized representative of a member

LEONARDO QUINONES

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA