## L11000116634

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Decument Number)	
(Document Number)	
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SECRETARY OF STATE
FALLAHASSEE, FLORIDA

D. BRUCE

NOV 1 0 2011

EXAMINER



## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 21, 2011

DILCIA P. RODAS P.O. BOX 552566 CAROL CITY, FL 33055

SUBJECT: THE ACOSTA KIDS HANDYMAN, LLC

Ref. Number: L11000116634

FILEU

11 NOV -9 TH 2: 16

SECRETARY OF STATE
AND ASSEE, FLORIDA

We have received your document for THE ACOSTA KIDS HANDYMAN, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The fee to file your limited liability company document is \$25. Please include an additional \$30 for each certified copy (optional) requested and an additional \$5 for each certificate of status (optional) requested.

There is a balance due of \$7.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 811A00024123

## **COVER LETTER**

TO: Registration Sec Division of Corp				
SUBJECT:		(IDS HANDYMAN, L	LC	
	Nume of Emil	ned Elaciniy Company		
The enclosed Articles of A	Amendment and fee(s) are sul	bmitted for filing.		
Please return all correspon	ndence concerning this matter	r to the following:		
		DILICA P RODAS		
		Name of Person		
	THE ACC	STA KIDS HANDYMA	N, LLC	2 <sub>2</sub> =
		Firm/Company		
		P.O. BOX 552566		V-9 PA
		Address		
	CAR	CAROL CITY, FLORIDA 33055		FY 2: 16 OF STATE E. FLORID.
		City/State and Zip Code		
	PAOLI E-mail address: (	TA_CDGK@YAHOO.C to be used for future annual report	OM notification)	<i>,</i>
For further information co	oncerning this matter, please o	call:	·	
DII C	HA D DODAC	700	497.0009	
Name of	IA P RODAS Person	at ( <u>786</u> ) Area Code & D	487-0998 aytime Telephone Number	<del></del>
Enclosed is a check for th	e following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc	losed) Certified	te of Status &
MAILI	NG ADDRESS:	STREET/CO	OURIER ADDRESS:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Co	IDS HANDY WAN,	n our records.)	
( <u>Name of the Limited Liability Co</u> (A Florida Limi	ited Liability Company)	n our records.	
The Articles of Organization for this Limited Liability Com Florida document numberL11000116634	pany were filed on	10/11/11	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability company here:		
ACOSTA DO	O IT RIGHT, LLC.		
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company	"the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u> </u>		<u> </u>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registerer registered agent and/or the new registered office address	ed office address on our s here:	records, enter f	CRETARY OF STATE FLORIDA
Name of New Registered Agent:			<del>.</del>
New Registered Office Address:	Enter Florida street address		
<del></del>		, Florida	
+	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 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 <u>Title</u> <u>Name</u> Address Type of Action MGR DILCIA P RODAS 3861 N.W. 175 STREET ☐ Add ☐ Remove MIAMI GARDENS, FL. 33055 KEMIL D. ACOSTA MGRM 3861 N.W. 175 STREET ✓ Add Remove MIAMI GARDENS, FL 33055 ☐ Add Remove Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) nber or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00