

L11000123262

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

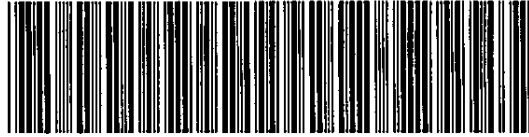
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 MAR 27 PM 1:20
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11:20 AM
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[Handwritten signature] 4/7/15

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ALL ABOUT HANDY MAN SERVICE 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:

RAYMOND PAUL POTEET

Name of Person

ALL ABOUT HANDY MAN SERVICE LLC

Firm/Company

693 ARNOLD DR

Address

WEST PALM BEACH FL 33415

City/State and Zip Code

JULIEPOTEET53@GMAIL.COM

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

For further information concerning this matter, please call:

JULIA F. POTEET

Name of Person

at (**561**) **2067746**

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

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FILED
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE SEVENTH JUDICIAL CIRCUIT
PALM BEACH COUNTY, FLORIDA

all about handy man service llc

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10-28-2011 and assigned
Florida document number L11000123262.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

THE SMOKERS EDGE LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

693 ARNOLD DR

WEST PALM BEACH FLORIDA 33415

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

693 ARNOLD DR

WEST PALM BEACH FLORIDA 33415

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

RAYMOND PAUL POTEET

New Registered Office Address:

693 ARNOLD DR

Enter Florida street address

WEST PALM BEACH FLORIDA, Florida 33415

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.

Raymond Paul Poteet
If Changing Registered Agent, Signature of New Registered Agent

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>
MGR	JULIA F POTEET	693 ARNOLD DR.	<input checked="" type="checkbox"/> Add

☐ Remove

WEST PALM BEACH FL 33415

Reg Agent Robert Paul Poteet 693 Arnold Dr. ☐ Add

West Palm Beach FL ☒ Remove
33415

Reg Agent RAYMOND Paul Poteet 693 Arnold Dr. ☒ Add

~~693~~ ☐ Remove

West Palm Beach

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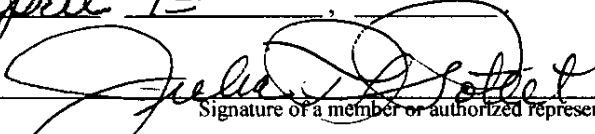
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 April 1ST, 2015



Signature of a member or authorized representative of a member

JULIA F POTEET

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA