## L1200000425

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B. BOSTICK

JAN 3 0 2012

EXAMINER

## **COVER LETTER**

TO: Registration S Division of Co		
SUBJECT:	TOM THE HANDMAN, LLC	
	Name of Limited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are submitted for filing.	
Please return all corresp	condence concerning this matter to the following:	
	THOMAS W. EISENHART	
	Name of Person	
	TOM THE HANDMAN, LLC	
	Firm/Company	
	3451 NW 5200 Ave	
	Address	
	CHAINESVILLE, FL 32605	
	City/State and Zip Code	
	Teisen Hart 73@ Yahoo.com  E-mail address: (to be used for future annual report notification)	
For further information	concerning this matter, please call:	
THOMAS	W. EISCHHART at (352) - 215 - 9550	÷
Name	of Person  Area Code & Daytime Telephone Number	
Enclosed is a check for	the following amount:	
\$25.00 Filing Fee	\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  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

	THE HANDMAN, L			
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now apper Limited Liability Company	ars on our record )	<u>ls.</u> )	
The Articles of Organization for this Limited Liability	Company were filed on	01/10/2	012	and assigned
Florida document number <u>L-120000425</u>	<u> </u>			1,
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company h	ere:		
REDLINE Electric LLC				
The new name must be distinguishable and end with the we'L.L.C."	ords "Limited Liability Com	pany," the designa	tion "LLC	" or the abbreviation
Enter new principal offices address, if applicable:			Þø.	<del></del>
(Principal office address MUST BE A STREET ADD	RESS)	<del></del>	ن الم	
			00	Salara American
			En.C	
Enter new mailing address, if applicable:			77.0	parameter to fig.
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	دن
	, <del>, , , , , , , , , , , , , , , , , , ,</del>		D A	
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad		our records, <u>e</u>	nter the	name of the new
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		, Flori		71. 6. 1
	City		i	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

JIMI -	Managing Member		
<u>itle</u>	<u>Name</u>	Address	Type of Action
			<b>—</b>
<del></del>			Add Remove
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If amer	nding any other information, enter change(s	) here: (Attach additional sheets, if nece	ssary.) 
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	January 24 2017		7 P
ted	January 24, 2017	<del></del> ·	
	Denle		SS: 1
		authorized representative of a member	FFS RD
	Thomas W Eise	nhart	O =
	Typed or p	printed name of signee	30 B

Page 2 of 2

Filing Fee: \$25.00