# 113000032649

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City)	/State/Zip/Phon	e #)
(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	MAIL	
(Busi	ness Entity Nar	me)
(Doc	ument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



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SECRETARY OF STATE
AHASSEE, FLORIDA

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## **COVER LETTER**

TO: Registration S Division of Co					
Handymas SUBJECT:	n Mike LLC				
SUBJECT;	Name of Lim	ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Michael Carr				
		Name of Person			
Handyman Mike LLC					
Firm/Company					
	1202 N Indies Cir				
		Address			
	Venice FI 34285				
		City/State and Zip Code		<b>7</b>	
	handymanmikellc@gmail.c				-
	E-mail address: (	to be used for future annual report notific	ation)	AHASI AHASI	
For further information	concerning this matter, please co	all:		2015 AUG 12 SECRETARY ALLAHASSE	
Michael Carr		941 626-1260 at ()			
Name	of Person	Area Code Daytime	Celephone Number	4: 31 STATE CORIDA	
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)	Certified	te of Status &	

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

Marykaylee Cleaning Services, LLC		
( <u>Name of the Limited Liability Co</u> r (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Comparing document number L15000135447	any were filed on 08/07/15	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	All the state of t	N. Military
Principal office address MUST BE A STREET ADDRESS		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or registered registered agent and/or the new registered office address		T P H
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	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>	<u>Name</u>	Address	Type of Action
AMBR	Brandon Carr	102 Emerald Ave Nokomis Fl 34275	Add
			Remove
		- <del> </del>	Change
			□ Remove
		<del></del>	□ Change
	<del></del>		🗆 Add
			Remove
		ALLA	nange
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ective date, if other than a effective date is listed, the date	the date of fili	ng:		(	optional);	÷	~
effective date is listed, the date te:  If the date inserted in the cument's effective date on the	is block does not	i meet the applica	ble statutory fili	more than 90 days ng requirements	after (11) (15) P s, this thate wi	ursuunt to 6 Il mot be li	05.0 stee
record specifies a dela he 90th day after the			an effective	time, at 12:	01 a.m. or	the ear	lie
ed Aug 8		2015					
0.4	chael	Carr					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00