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T. HAMPTON

COVER LETTER

TO:

Registration Section Division of Corporations

CT. HAYES HANDYMAN SERVICES, LLC

SUBJECT:

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:

DAVID E. HAYES

Name of Person

HAYES HANDYMAN SERVICES, LLC

Firm/Company

2039 N MERIDIAN RD APT#169

Address

TALLAHASSEE, FL 32303

City/State and Zip Code

DAVIDHAYES558@GMAIL.COM

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

For further information concerning this matter, please call:

DAVID E. HAYES

850 459-2345

Name of Person

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

HATES HANDYMAN SERVICES, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

•		<i>''</i>	
The Articles of Organization for this Limited Liabi	lity Company were filed on _	MARCH 27,2013 a	and assigned
Florida document number <u>LI 30000457</u>		,	
Production in the production i		· 33.	···
		<u>(</u>	
This amendment is submitted to amend the following	ing:	<u>ئىڭ</u> ئىتى	
A. If amending name, enter the new name of th	e limited liability company	here:	ch F
		ກາ ກາ	-
The new name must be distinguishable and end with the	ne words "Limited Liability Co	mpany," the designation "LLC"	or the abbreviation
The new name must be distinguishable and end with the "L.L.C."	•	3	
Enter new principal offices address, if applicable			n ∓
(Principal office address MUST BE A STREET)			
Principal Office address MUST BE A STREET	ADDRESS)		•
			
Enter new mailing address, if applicable:		······································	
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or		on our records, enter the n	ame of the nev
registered agent and/or the new registered office	e address here:		•
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Fluidess.		Enter Florida street address	
		73 1 1	
•	City	, Florida Zi	p 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
Mgcm	JACK S. HAYES	2039 N MERIDIAN RD	_ Add
/		APT # 169 TALLAHASSEE, FL	Remove
		32303	_
			Add
			Remove
			Add
			Remove
			-
			Add
			Remove
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lf amending a	iny other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	<u> </u>
	Bul E Hans
	Signature of a member or authorized representative of a member
	David E. Haves Typed or printed name of signee
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

FILS PH 2: 24
FIRST STATE