

L/3000082454

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

L13.8 2454

(Document Number)

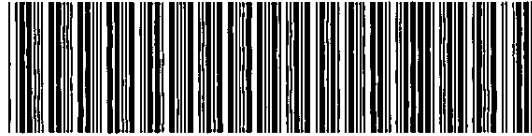
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

OCT 23 2013

A. LUNT

Office Use Only



000252661980

RECEIVED
13 OCT 15 PM 1:48
DIVISION OF CORPORATE AFFAIRS

FILED
2013 OCT 15 AM 10:45
STATE OF MASSACHUSETTS
RECEIVED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 16, 2013

CSC
ATTN:SUSIE KNIGHT

SUBJECT: OCTOPUS HANDYMAN, LLC
Ref. Number: L13000082454

We have received your document for OCTOPUS HANDYMAN, LLC. However, the document has not been filed and is being returned for the following:

Because articles of correction must be submitted within 30 business days of the filed date, the enclosed document cannot be filed and is being returned to you.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Agnes Lunt
Regulatory Specialist II

Letter Number: 713A00024179



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 677257 7942606

AUTHORIZATION :

COST LIMIT : \$25.00

ORDER DATE : June 6, 2013

ORDER TIME : 1:02 PM

ORDER NO. : 677257-011

CUSTOMER NO: 7942606

DOMESTIC AMENDMENT FILING

NAME: OCTOPUS HANDYMAN, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER'S INITIALS: _____

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

OCTOPUS HANDYMAN, 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 06/06/2013 and assigned
Florida document number L13000082454.

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

, 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>	<u>Address</u>	<u>Type of Action</u>
MGRM	MEREYDA A. ESTRADA	172 NE 110TH ST	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33161	<input type="checkbox"/> Remove
MGRM	MEREYDA A MEREYDA	172 NE 110TH ST	<input type="checkbox"/> Add
		MIAMI, FL 33161	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2018 OCT 15
FILED

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

Please remove MEREYDA A. MEREYDA A. ESTRADA as the authorized representative.

Please add NEREYDA A. ESTRADA as the authorized representative.

Dated OCTOBER 19, 2013.

Nereyda A Estrada

Signature of a member or authorized representative of a member

NEREYDA A. ESTRADA

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

FILED

2013 OCT 15 AM 10 46

FILED