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COVER LETTER

Div	ision of Corp	orations			
SUBJECT:		YMAN FLORIDA, LLC			
SOBJECT.		Name of Limi	ted Liability Company		
The enclosed	Articles of A	mendment and fee(s) are sub-	nitted for filing,		
Please return	all correspon	dence concerning this matter t	to the following:		
		REIDY MENDOZA			
			Name of Person		
		RM HANDYMAN FLORI	DA, LLC		
			Firm/Company		
		4415 W HANNA AVE			
			Address		
		TAMPA, FL 33614			
			City/State and Zip Code		
		RSOFL@YAHOO.COM	o be used for future annual repo	rt patification)	
For further in	nformation co	ncerning this matter, please ca	•		
YVELISSE		ς	813 453-21	85	
	Name of Person at () Area Code Daytime Telephone Number			<u> </u>	
					7.00 7.00 7.00
Enclosed is a	a check for the	following amount:			
■ \$25.00 F	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 Sta Certified Copy (additional copy is er	tus & 🥰

MAILING ADDRESS:

Registration Section

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1. 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

RM HANDYMAN FLORIDA, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on 08/17/2013	and assigned
Florida document number L13000116664		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited I	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	5)	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		3
3. If amending the registered agent and/or registere egistered agent and/or the new registered office address	d office address on our records, <u>e</u> <u>here</u> :	
		30
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	ra (1.
	Floric	la 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	EDDY MENDOZA	4415 W HANNA AVE. TAMPA, FL 33614	🖩 Add
			□ Remove
			Change
			□ Add
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(If an effe <u>Note:</u> I	ve date, if other than the etive date is listed, the date must if the date inserted in this bloomt's effective date on the De	t be specific and cannot ock does not meet th	ot be prior to date of fi ne applicable statut	ling or more than 90 days	optional) after filing.) Pursuant to 60 , this date will not be lis)5.0207 (3) sted as the
f the reco b) The 9	ord specifies a delayed 90th day after the reco	effective date, ord is filed.	but not an effe	ctive time, at 12:0)1 a.m. on the earl	ier of:
Dated _	5-21-19 Feedy	,	<u></u> .			
	Rock	Mesondo				
	May	1 WO PICCOSI				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00