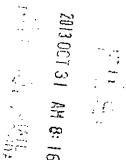
133808

(Requestor's Name) (Address) (Address)	100253143691
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number)	10/31/1301027010 **
Certified Copies Certificates of Status	2013 OCT 31 RH 8: 16

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Office Use Only

J. SAULSIN ... EXAMINER NOV 1 2013

COVER LETTER

TO: Registration Section Division of Corpora			
SUBJECT: K/	ine Design	E Build, UC	
	Name of Limited	і Сіаоппу Сошрану	
The enclosed Articles of Amer	ndment and fee(s) are subm	itted for filing.	
Please return all corresponden	ce concerning this matter to	the following:	
	1 homa	S Kline Name of Person	<u></u>
	FIXAIL	Handyman, LLC Firm/Company Hampton 1-/11 Driv	
		Firm/Company	
	12830	Hampton 1-/11 / riv	<u>e</u>
		/ Audutess	
	Kiverview.	FL 33578 City/State and Zip Code	
_		City/State and Zip Code	
	diane	dkline 326@9n be used for future annual report notification	rail. com
		-) C
For further information concer	ning this matter, please call	l:	$\frac{\omega}{\omega}$
Diana	Kline	at (8/3) 52 P- /	nail. com 33 00 32 125 f 3 phone Number &
Name of Pers	on	Area Code & Daytime Tele	phone Number 🐹 🗭
			元
Enclosed is a check for the fol	lowing amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	O\$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

Kline Design	& Build LLC	
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records. Liability Company)	25
The Articles of Organization for this Limited Liability Company Florida document number <u>L13000133808</u> .	,	and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	ility company here:	H & 16
		In.
Fix All Handyman, LL The new name must be distinguishable and end with the words "Limi"L.L.C."	1	, ,
Enter new principal offices address, if applicable:	12830 Hampton Riverview FL 3	Hill Dr
(Principal office address MUST BE A STREET ADDRESS)	Riverview, FL 3	3578
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	12830 Hampton Riverview, FL	Hill Dr 3578
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:		<u>.</u>
	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 Title Name Address Type of Action MGR Diana Kline 12830 Hampton Hill Dr Riverview, FL 33578 MGRM Diana Kline 12830 Hampton Hill Dr Add Riverview, FL 33598 MGR Thomas N. Kline 12830 Hampton Hill Dr. Wadd
Riverview, FL 33578 Remo Remove Remove Remove

10/29/	2610

Page 3 of 3

Filing Fee: \$25.00