## L13000 157819

(Requ	uestor's Name)	<del></del>
(Addr	ess)	
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(City/	State/Zip/Phone	; #)
PICK-UP	MAIT WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	

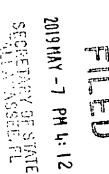
Office Use Only



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## **COVER LETTER**

TO:	Registration Secti Division of Corpo				
SUBJ	ЕСТ:	7×1	Docto	rs LLC	
			Name of Limit	ed Liability Company	
The er	iclosed Articles of An	nendment and	fee(s) are subm	nitted for filing.	
Please	return all correspond	ence concerni	ng this matter to	the following:	
			Jame	25 E. Smit	₩
				Name of Person	
				Firm/Company	<del></del>
		16	elo win	ter St.	<del></del>
				City/State and Zip Code	358
		1E	JSMi+	h 65486@a	mail.com
For fu	rther information conc	erning this m	atter, please cal	l:	
	Sames 1	2. Sm	ith	at ( <u>950)</u> <u>54</u>	5-9361
	name of re	erson		Area Code 1.	aytime Telephone Number
_	ed is a check for the f	-			
<b>⊠</b> \$2	5.00 Filing Fee	□ \$30.00 Fili Certificat	ng Fee & e of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 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

Dirt Doctors, LLC			
(Name of the Limited Liability C (A Florida Lir	Company as it now appermited Liability Company	ars on our records.)	<del></del>
The Articles of Organization for this Limited Liability ComFlorida document number $\_L13000157819$	pany were filed on _	(1.00 0.00	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	ł liability company ł	here:	
Big E Handym	an LLC		s 28
The new name must be distinguishable and contain the words "Limited	Liability Company," the	designation "LLC" or the abb	
Enter new principal offices address, if applicable:			A B TI
(Principal office address MUST BE A STREET ADDRES	<u>.s)</u>	<del></del>	1
Enter new mailing address, if applicable:	<del></del>		SFE STALL
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address o s here:	on our records, enter t	he name of the nev
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	orida street address	
		Florida	
	City	. 1101144	Zip Code
Vous Dogistared Agent's Signature if the series Desired A	- · · · • ·		

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
			Add
			☐ Remove
			Change
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lf an efi <u>Note:</u>	ive date, if other than the date of filing:
The	cord specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the earlier of 90th day after the record is filed.
Dated	5/2/19
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00