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COVER LETTER

TO:	Registration Section Division of Corporations				
OUD ID	on Handin	" O			
SORTE	ct: <u>Handyman</u>	Name of Limited	Liability Company		
The end	closed Articles of Amendmen	t and fee(s) are submit	ted for filing.		
Please 1	eturn all correspondence con-	cerning this matter to t	he following:		
		Januelle E	Yane S Name of Person		
	_ Hc	undyman R	Emodeling Firm/Company	···	
	_85	30 E Sto	Address	E	
	Bro	adenton (FL 342 City/State and Zip Code	312	
	dy	remodel @	e used for future annual r	eport notification)
For furt	her information concerning the	nis matter, please call:			
Da	nielle Yane	S	ar (QU 1)	524-715	57
بالحب	Name of Person		at (<u>941</u>) Area Code	Daytime Telep	
	•				
Enclose	ed is a check for the following	; amount:			
	5.00 Filing Fee		□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		□ \$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

(Name of the Limited	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	bility Company were filed on	and assigned
Florida document number	·	
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and end with the wo	ords "Limited Liability Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	<u>_</u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u></u>	
registered agent and/or the new registered offic	r registered office address on our records, <u>enter</u> ce address here:	the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	d.Corti
	, Florida	Zip Code - " '
New Registered Agent's Signature, if changing Re	gistered Agent: agent and agree to act in this capacity. I further ag	N S with the
provisions of all statutes relative to the proper accept the obligations of my position as registe	and complete performance of my duties, and I am jered agent as provided for in Chapter 605, F.S. Or, gistered office address, I hereby confirm that the lin	familiar with and if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member **Type of Action** <u>Title</u> <u>Name</u> <u>Address</u> AMBR Danielle Yanes 8520 E State Rd 164 E Bradd Bradenton Fl 34212 - Remove □ Add ☐ Remove □ Add _□ Add □ Remove □ Add ☐ Remove □ Add ☐ Remove

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ctive date, if of ffective date must ate this documen	other than the date of fit t be specific, cannot be prior to t is filed by the Florida Depart	iling:o date of receipt or filed date and trent of State)	(optional cannot be more than 90 days after
July	9	_, <u>2014_</u> .	
	Daniell	4 4cm— of a member or authorized repre	
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Filing Fee: \$25.00