

L14000049902

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

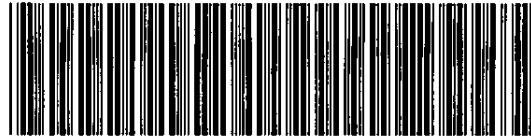
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2014 JUN 16 PM 12:19
STATE OF FLORIDA
TALLAHASSEE

J Stivers JUN 17 2014

licenselogix

June 12, 2014

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: **LLC Amendment**
Babalu Handyman Services

To Whom It May Concern:

Enclosed please find a **LLC Amendment** that was completed for our client, **Babalu Handyman Services**. Once the application has been processed, please forward evidence of approval to the mailing address on the application.

If there is any issue, or if you require any further information, please do not hesitate to contact me.

Thank you,

Mary Dubitsky
LicenseLogix
150 Grand Street, 4th Floor
White Plains, NY 10601
mdubitsky@licenselogix.com
(800) 292-0909 x302

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BABALU HANDYMAN SERVICES LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary Dubitsky

Name of Person

LicenseLogix, LLC

Firm/Company

150 Grand St. 4th Floor

Address

White Plains NY 10601

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Dubitsky

Name of Person

at (**800**) **292-0909 x302**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 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 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**

BABALU HANDYMAN SERVICES 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 03/26/2014 and assigned Florida document number L14000049802.

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

Florida

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

FILED
MAR 26 2014
PM 12:16
TALLAHASSEE
FLORIDA

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

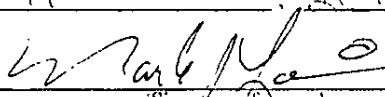
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Mark J. Yaccarino	30 WALDHAVEN CR. PISCATAWAY, NJ 08854	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated June 11th, 2014



Signature of a member or authorized representative of a member

Mark J Yaccarino

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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TALLAHASSEE