11400070760

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



900276347589

10/16/15--01023--005 **30.00



O BRUCE



October 19, 2015

FRANK L. DIXON 805 BRENTWOOD AVE. ALTAMONTE SPRINGS, FL 32701

SUBJECT: C&D HANDYMAN, LANDSCAPE & TREE SERVICES LLC

Ref. Number: L14000070760

We have received your document for C&D HANDYMAN, LANDSCAPE & TREE SERVICES LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 115A00022019 T

COVER LETTER*

TO: Registration Section Division of Corporations			
SUBJECT: C & D Ha	And Many A	and Scape + Tree	Services LLC
The enclosed Articles of Amendmen	nt and fee(s) are submit	tted for filing.	
Please return all correspondence con	ncerning this matter to	the following:	
_£	rank L.D	Name of Person	
CHI) Handyman,	Handscape + Tree Firm/Company	Services
_80		Dood Ave,	20 TALL
	. Altarion	City/State and Zip Code City/State and Zip Code Code	270/ASS
Cat	E-mail address: (to t	be used for future annual report notification	d. Cara D
For further information concerning	this matter, please call:		ATE ATE
Frank L. Dixo	en		73 or (407)274-6873 phone Number Catherine
Enclosed is a check for the following	g amount:		
	00 Filing Fee & rtificate 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

CED Hand gran, Land 3C	after tree services LLC
Name of the Limited Liability Compa (A Florida Limited I	Liability Company)
	05/01/2014
The Articles of Organization for this Limited Liability Company	were filed on $\frac{05/01/20/4}{04/29/20/5}$ and assigned
Florida document number <u>4/40000 70 7/60</u> .	04/29/2015
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	805 Brentwood Ave.
• • • • • • • • • • • • • • • • • • • •	Alteria de Dolas El
(Principal office address MUST BE A STREET ADDRESS)	111 (111011) E Spr 11193 FE
	11/1 / 01
Enter new mailing address, if applicable:	14lesla Unhridilea Dr.
(Mailing address MAY BE A POST OFFICE BOX)	OHlando FL. 32 JLle
B. If amending the registered agent and/or registered of	
registered agent and/or the new registered office address here	E 2
11	1 2 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Name of New Registered Agent: Carho	MUC English DEJOR TI
New Registered Office Address: 805 /	Breat Ward Alexand
The Registered Office Madress.	Enter Florida street address
Altanon	He SPINGS, Florida Fill 10/ 0
711/2/10/27	City Zin Code
New Registered Agent's Signature, if changing Registered Agent:	20

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.

Changing Registered Agent, Signature of New Registered Agent

MGR = M AMBR = A	lanager- uthorized Member	•	·
<u>Title</u>	Name	Address	Type of Action
MGR	Frank L. Dixon	14606 Unbridled Du. ORlando, F2. 32826	DAdd
			Remove
			☐ Change
 _			Add
			□ Remove
			Change
			Add
•			□ Remove
	_		Change
			Remove
			S T
		FLORIDA	C) Remove
			□ Add
			Remove

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

			,		
					
					
		<u> </u>			
<u> </u>					
			<u> </u>		
		~			
				773	·
				SEC SEC	
				26	No. of Street, or other Persons
	~			SSE	, tu
		, . 		——————————————————————————————————————	
·		· · · · · · · · · · · · · · · · · · ·			<u> </u>
				器点	ਮ
<u> </u>					
					
Effortive data if o	other than the date of f	filina		(optional)	
If an effective dare is list	isted, the date must be specifi ascreted in this block does a	ic and cannot be prior to d	ate of filing or more than 5	90 days after filing.) Pursu	ant to 605,0207
	ve date on the Department			enens, ms date wat it	or ne lister as
•					
	les a delayed effective after the record is file.		n effective time, at	t 12:01 a.m. on th	e earlier of
The souldby t		ied.			
Dated /O	120/	.2015 n			
,	1 atlan				
		10,7,828	NAM		
	Signature	of a member or authorize	d representative of a men	ıber	
	Signature	of a member or authorize	d representative of a men	ıba	

Page 3 of 3

Filing Fee: \$25.00