L14000073881

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B. BOSTICK
MAY 2 8 2014
EXAMINED

COVER LETTER

TO:

Registration Section Division of Corporations

Budget Handyman Repairs & 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:

	Raymond II	nomas	
		Name of Person	
		Firm/Company	
	208 N. Lake	Ct	
		Address	
	Kissimmee l	=1, 34743	6.7 6.1 6.1 1.1
	bhandymanrepairs	City/State and Zip Code	
	•	to be used for future annual report not	ification)
For further information c	concerning this matter, please c	all:	
Raymond 1	Thomas	407 288-2	2627
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fce	☐ \$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

Budget Handyman Reparis & 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 v	were filed on 05/07/2014	and assigned
Florida document number L14000073881		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
Budget Handyman Service & Repairs LLC	_	1.3 1.3
The new name must be distinguishable and end with the words "Limited Liabil	lity Company," the designation "LLC" or th	e 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:		· .3
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		r the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	, allerno.
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	Can	ир сонс

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 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 Title <u>Name</u> <u>Address</u> **Type of Action** Karima Thomas 208 N. Lake Ct Ambr Kissimmee FI,34743 ☐ Remove □ Add □ Add _____ Remove _ 🗖 Add

☐ Remove

ctive date, if other than the date of filing:		
effective date must be specific, cannot be prior to date of receipt or filed date and campot be more than 90 days after date this document is filed by the Florida Department of State) ad		
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Page 3 of 3

Filing Fee: \$25.00



May 22, 2014

RAYMOND THOMAS 208 N. LAKE COURT KISSIMMEE, FL 34743

SUBJECT: BUDGET HANDYMAN REPAIRS & SERVICES LLC

Ref. Number: L14000073881

We have received your document for BUDGET HANDYMAN REPAIRS & SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

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.

Barbara Bostick Regulatory Specialist II

Letter Number: 914A00011139