L14000118299

(Danuaskada Nama)	
(Requestor's Name)	
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(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	ļ
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Luz E. Lope & GAVE	
LUZE. Lope & GAVE AUTHORIZATION BY PHONE TO CORRECT Missing Information on 1st of the control	יכו



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SECRETARY OF STATE
AND AHASSEE, FLORID

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COVER LETTER

TO: Registration Section. Division of Corporations
SUBJECT: AMA Haddymen Con Fruction UC 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:
LUZ E lopez Name of Person
Ann Handyman Confruction UC
387 Bay Club Circle apt 201/ Address Lissman Le St 34741 City/State and Zip Code
AGA HANDY Man Con Fruction 1 @ GMAIL. Com. E-mail adfress: (to be used for furtire annual report notification)
For further information concerning this matter, please call:
LyZ E Lo) AZ at (40.7) 433-0778 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 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



August 13, 2014

Luz E Lopez 3802 Bay Club Circle, Apt 204 Kissimmee, FL 34741

SUBJECT: AAA HANDYMAN CONSTRUCTION LLC

Ref. Number: L14000118299

We have received your document for AAA HANDYMAN CONSTRUCTION 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 attached form must be completed in order to file the document.

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.

Elliott R McCaskill Registration Specialist II

Letter Number: 514A00017323

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SECRETARY OF STATE:
FAIL SHASSEE ELOBID.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

7/28/2014 The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>L14000119299</u> 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

<u> </u>	Name	Address Type of	of Act
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		SSEE. FLORIDA	
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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:

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Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of rethe date this document is filed by the Florida Department of St		(optional) be more than 90 days after
Dated 8/6, 2	014_	
Signature of a member	er or authorized representative	of a member

Page 3 of 3

Filing Fee: \$25.00

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