

L14 000 139 474

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

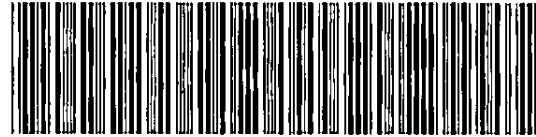
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19 JUL -1 AM 8:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 03 2019  
S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 24, 2019

THEO SANDS  
R W HANDYMAN & LAWN SERVICE LLC  
1065 NW 117TH STREET  
MIAMI, FL 33168

SUBJECT: RW HANDYMAN & LAWN SERVICES LLC  
Ref. Number: L14000139474

We have received your document for RW HANDYMAN & LAWN 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):

Section 605.0203(1), 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) 245-6050.

Shelia H Young  
Regulatory Specialist II

Letter Number: 719A00012783

RECEIVED

2019 JUL - 1 PM 3:56

STATE OF FLORIDA  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: R W HANDYMAN AND LAWN SERVICE 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:

THEO SANDS

\_\_\_\_\_  
Name of Person

R W HANDYMAN & LAWN SERVICE LLC.

\_\_\_\_\_  
Firm/Company

1065 NW 117TH STREET

\_\_\_\_\_  
Address

MIAMI, FLORIDA 33168

\_\_\_\_\_  
City/State and Zip Code

THEOSANDS282@GMAIL.COM

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

For further information concerning this matter, please call:

THEO SANDS

305 2447209  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

R W HANDYMAN & LAWN SERVICE 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 09/08/2014 and assigned  
Florida document number LI4000139474.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

T&R SERVICE AND REPAIRS LLC.

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

1065 NORTH WEST 117TH STREET

**(Principal office address MUST BE A STREET ADDRESS)**

MIAMI, FLORIDA 33168 UN

**Enter new mailing address, if applicable:**

1065 NORTH WEST 117TH STREET

**(Mailing address MAY BE A POST OFFICE BOX)**

MIAMI, FLORIDA 33168

**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:

THEO SANDS

New Registered Office Address:

1065 NORTH WEST 117TH STREET

Enter Florida street address

MIAMI

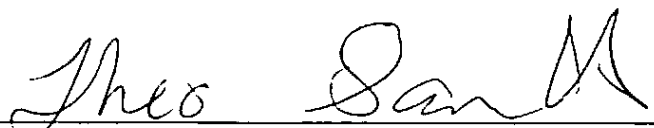
City

Florida 33168

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.*

  
Theo Sands  
If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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	SANDS,THEO	1065 NORTH WEST 117TH STREET MIAMI,FLORIDA	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Theo Smith  
Signature of a member or authorized representative of a member

Theo Sands  
Typed or printed name of signee