114000150738

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





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01/12/18--01018--007 **25.00



FEB 20 Min

COVER LETTER

T0:

Registration Section
Division of Corporations

\$25.00 Filing Fee	Name of Person Enclosed is a check for the following amount:	For further information co					Please return all correspo	The enclosed Articles of	SUBJECT: ST
☐ \$30.00 Filing Fee & Certificate of Status	Name of Person Name of Person neck for the following amount:	For further information concerning this matter, please call:	tor Ster	HOLL	Stal	Rober	Please return all correspondence concerning this matter to the following:	The enclosed Articles of Amendment and fee(s) are submitted for filing	STERLING HANDY MAN REPORT LLC Name of Limited Liability Company
S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	at (352) 584 Area Code Daytime	<u>□</u> :	Fort Richez FL 34668 City/State and Zip Code Sterling Nrp(000+1001/00) Sterling Intuiting annual report notification)	7704 PINCAPPIE LANC	Sterling Hanogran Repair, CCC	Robert Burdett	o the following:	nitted for filing.	ted Liability Company
☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional rone is enclosed)	S84-6925 Daytime Telephone Number		34668 Hook Com		repair, lec				





FLORIDA DEPARTMENT OF STATE Division of Corporations

February 6, 2018

ROBERT BURDETT 7704 PINEAPPLE LANE PORT RICHEY, FL 34668

SUBJECT: STERLING HANDYMAN REPAIR, LLC

Ref. Number: L14000150738

We have received your document for STERLING HANDYMAN REPAIR, 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):

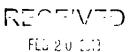
You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 718A00002509





January 12, 2018

ROBERT BURDETT 7704 PINEAPPLE LANE PORT RICHEY, FL 34668

SUBJECT: STERLING HANDYMAN REPAIR, LLC

Ref. Number: L14000150738

We have received your document for STERLING HANDYMAN REPAIR, 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):

Document must be in portrait, not landscape.

The registered agent must sign accepting the designation.

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) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 318A00000854

RECEIVED

FEB U 5 2018

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S'TENLING HANDY (Name of the Limited Liability Compan (A Florida Limited Li	MAN Regar LLC v as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L140001507.38</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabilit Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	y Company," the designation "L.L.C." 7704 PINEAPPLE LANCE POINT RICHEY FU 34668
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7704 Pineapple Lave Port Richey, FL 34668
B. If amending the registered agent and/or registered offregistered agent and/or the new registered office address here:	ice address on our records, enter the name of the new
Name of New Registered Agent: New Registered Office Address:	Andrew Monnis 218 Auburniale ST Enter Florida street address
New Registered Agent's Signature, if changing Registered Agent:	5 H. 11 Florida 34609 Zip Code

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

Page 1 of 3

	Authorized Person(s) authorized to man- rom our records:	age, enter the title, name, and address of each	person being added
MGR = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	Name	Address	Type of Action
MGK	Robert Strling-Bo	rdett 7704 PINEAPPLE LAN	Add
		Port Richey, FL 3466	Remove
M G.R		Change to M.612	Change
HIBR	Andrew Morris	Change to MGIZ 11218 Auburrdule ST	□ ∧dd
		Spring Hill FL 346	Remove
			/ □ Change
MGR	Andrea D Burdett-Morr	is 11218 Auburntale ST	
		Spring Hill FL 3460	Remove
			Change
			🗆 Add
			□ Remove
			□ Change
			~
			CRemove
		<u> </u>	
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			🗇 Remove
			☐ Change

If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessa	<i>(r).)</i>
		
		
		
		
lfan e <u>Note</u> :	tive date, if other than the date of filing: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ng.) Pursuant to 605.020
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m 90th day after the record is filed.	. on the earlier o
Dated	1/29 2018	
	Cuck Mons	P 2
	Signature of a member or authorized representative of a member ANOLUM MOMS	

Filing Fee: \$25.00