

L15000000 6545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

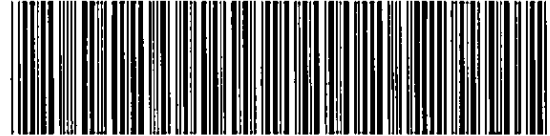
(Document Number)

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18 JUL -2 PM 3:56
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JUL -5 2018

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JUL -5 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 15, 2018

NELSON REMODELING AND HANDYMAN SERVICE
ALLEN NELSON
404 SANDERS LANE
PANAMA CITY, FL 32401

SUBJECT: NELSON REMODELING AND HANDYMAN SERVICE LLC
Ref. Number: L15000006545

We have received your document for NELSON REMODELING AND HANDYMAN SERVICE 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) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 518A00012528



RECEIVED

2018 JUL -2 AM 11:37

Division of Corporations
Tallahassee, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Nelson Remodeling and Handyman 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:

Allen Nelson

Name of Person

Nelson Remodeling and Handyman Service

Firm/Company

404 Sanders Ln.

Address

Panama City, FL 32401

City/State and Zip Code

nelsona1985@yahoo.com

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

For further information concerning this matter, please call:

Allen Nelson

850 3487515

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$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**

FILED
18 JUL -2 PM 3:57
CLERK OF THE COURT
JACKSONVILLE, FLORIDA

Nelson Remodeling and Handyman 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 6/11/18 and assigned
Florida document number L15000006545.

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 contain 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 _____
City 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.

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>
ambr	Ruchmeier, Michael James	1327 old church rd	<input type="checkbox"/> Add
		Chipley, FL 32428	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
ambr	Hansen, Jesse Rae	3708 E. 9th St Apt. 202	<input checked="" type="checkbox"/> Add
		Panama City, FL 32401	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
ambr	Dumosch, Chris	7809 N Lagoon Dr. Apt. D	<input checked="" type="checkbox"/> Add
		Panama City Beach, FL 32408	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

8 JUN -2 PM 3:57

FILED

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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JUL 12 PM 3:57
198

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Dated 06/11, 2018

Signature of a member or authorized representative of a member

Allen Nelson

Typed or printed name of signee