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COVER LETTER

	egistration Se ivision of Cor			
SUBJECT		CHOICE HANDYMAN SER	VICES, LLC	
SUBSECT	***************************************	Name of Lim	ited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ım all correspo	ndence concerning this matter	to the following:	
		KEVIN L. PEOPLES		
		· · · · · · · · · · · · · · · · · · ·	Name of Person	
		PEOPLES CHOICE HAN	DYMAN SERVICES, LLC	
			Firm/Company	Handley of the control of the last of the control o
		7402 TALMADGE AVEN	NUE	
			Address	
		SOUTHPORT, FL 32409		
		,	City/State and Zip Code	*
		kevin@peopleschoicehs.co		3.
			to be used for future annual report notifi	cation)
For further	information c	oncerning this matter, please c	all.	
KEVIN PI	EOPLES		850 628-4294 ,	·
	Name o	f Person		Telephone Number
Enclosed is	s a check for th	ne following amount:		
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Cl \$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

PEOPLES CHOICE HANDYMAN 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 were filed on MARCH 19, 2015 and assigned Florida document number L15000050111 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 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: KEVIN L. PEOPLES Name of New Registered Agent: 7402 TALMADGE AVENUE New Registered Office Address: Enter Florida street address SOUTHPORT

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 chities, 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

Charging 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:

	, ,		
MCD -	Manage		
MCK =	Manager		
AMDD	Authorized	Manchan	
ANIDR -	AUUMITZEU	LIYLEMBET	

<u>Title</u>	<u>Name</u>	Address	Type of Action
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	AUGUST 3, 2015	
	sate of filing: be specific and cannot be prior to date of filing or	
ment's effective date on the Dep	ck does not meet the applicable statutory fil partment of State's records.	ling requirements, this date will not be list
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a AUGUST 3	2015	2115
16~	7 People	
16~	Signature of a member or authorized representati	

Page 3 of 3

Filing Fee: \$25.00