L15000050111

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TO:

Registration Section

Divi	ision of Corp	orations		
SUBJECT:	Peoples Cho	ice Handyman Services, LLC	;	
	-	Name of Lim	ited Liability Company	
The enclosed	l Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		Kevin Peoples		
			Name of Person	
		Peoples Choice Handymar	Services, LLC	
		<u></u>	Firm/Company	
		7402 Talmadge Avenue		
			Address	
		Panama City, Florida 3240	99	
			City/State and Zip Code	
		kevin@peopleschoicehs.com		
		E-mail address: (to be used for future annual report not	ification)
For further in	formation co	ncerning this matter, please ca	all:	
Kevin People			850 774-0373	
	Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is a	check for the	following amount:		
\$25.00 F	iling 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

Peoples Choice Handyman Services LLC		
(Name of the Limited Liability Company as it (A Florida Limited Liability	t now appears on our records.) y Company)	
The Articles of Organization for this Limited Liability Company were	filed on March 19, 2015 and assigne	d
Florida document number L15000050111		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability co	ompany here:	
Peoples Choice Renovations, Repair, and Handyman Services LLC		
The new name must be distinguishable and contain the words "Limited Liability Con	npany," the designation "LLC" or the abbreviation "L.L.C."	,
Enter new principal offices address, if applicable:	A. 20	
Principal office address MUST BE A STREET ADDRESS)	5- F	
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	COLUMN TO THE STATE OF THE STAT	
Enter new mailing address, if applicable:		· ·
Mailing address MAY BE A POST OFFICE BOX)	 	
		_
B. If amending the registered agent and/or registered office a registered agent and/or the new registered office address here:	iddress on our records, enter the name of t	<u>he n</u>
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
Ci	ity 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>	Address	Type of Action
AMBR	Richard Bunce	7406 Talmadge Avenue	= Add
		Panama City, FL 32409	☐ Remove
			☐ Change
	·····		Add
			□ Remove
			☐ Change
			Add
			□ Remove
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			□ Add
			Remove.
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			Add
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te: If the date inserted in t	his block does not meet the app	plicable statutory filing re	quirements, this date	will not be listed as
cument's effective date on	the Department of State's reco	rds.		
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ted	10:00 P.	29-2015	ı memb er	

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Filing Fee: \$25.00