## 1150000 50111

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |

Office Use Only



500323214455

M/25/19--01019--002 \*\*25.**0**0

2019 JAN 25 P IB & 8

J739 2

## **COVER LETTER**

|                                   | egistration S<br>ivision of Co  |  |  |   |  |  |  |
|-----------------------------------|---------------------------------|--|--|---|--|--|--|
| SUBJECT                           |                                 | Choice Renovations, Repair,  | , and Handyman Services, U.C.  |   |  |  |  |
| Name of Limited Liability Company |                                 |  |  |   |  |  |  |
| The enclos                        | ed Articles of                  | Amendment and fee(s) are sul   | bmitted for filing.  |   |  |  |  |
| Please retu                       | rn all correspo                 | ondence concerning this matter   | to the following:  |   |  |  |  |
|                                   |                                 | Kevin Peoples  |  |   |  |  |  |
|                                   |                                 | Peoples Choice Renovation  | Name of Person<br>on, Repair, and Handyman Services,   | rrc   |  |  |  |
|                                   |                                 | 7402 Talmadge Avenue   | Firm/Company   |   |  |  |  |
| Panama City, Florida 32409        |                                 |  | Address<br>19  |   |  |  |  |
|                                   |                                 | kevin@peepsprints.com  | City/State and Zip Code  |   |  |  |  |
| For further                       | information c                   | E-mail address: (oncerning this matter, please c                               | to be used for future annual report notif  | ication)  |  |  |  |
| Kev                               | rin People                      |  | at (_8550_)7740  | 373   |  |  |  |
|                                   | Name o                          | f Person   | Area Code Daytime  | Telephone Number  |  |  |  |
| Enclosed is                       | a check for th                  | ne 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,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclose |  |  |  |
|                                   | Registra<br>Division<br>P.O. Bo | NG ADDRESS:<br>ation Section<br>n of Corporations<br>ox 6327<br>ssee, FL 32314 | STREET/COURIE<br>Registration Section<br>Division of Corpora<br>Clifton Building<br>2661 Executive Cen | tions   |  |  |  |

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| Peoples Choice Renovations, Repair, ar   | nd Handyman Services, LL  | .C 2010 1411 25 53 13                        |
|--|---|--|
| ( <u>Name of the Limited Liabil</u><br>(A Florid   | nd Handyman Services, LL<br>lity Company as it now appear:<br>la Limited Liability Company) | s on our records.                            |
| The Articles of Organization for this Limited Liability (  |   |  |
| Florida document number L15000050111   |   | and assigned                                 |
| This amendment is submitted to amend the following:  |   |  |
| A. If amending name, enter the new name of the lim   | ited liability company her  | r <u>e</u> :                                 |
| The new name must be distinguishable and contain the words "Lim  | nited Liability Company," the de  | signation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:  |   |  |
| (Principal office address MUST BE A STREET ADDR  | RESS)   |  |
| Mailing address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or registered agent and/or the new registered office address. | tered office address on e   | our records, enter the name of the           |
| Name of New Registered Agent:  |   |  |
| New Registered Office Address:   |   |  |
|  | Enter Florid  | a street oddress                             |
|  |   | 4  |
|  |   | , Florida                                    |
| New Registered Agent's Signature, if changing Registered   | City  | , Florida                                    |

If Changing Registered Agent, Signature of New Registered Agent

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.

| MGR = N<br>AMBR = A  | lanager<br>Authorized Member  |   |                |
|----------------------|-------------------------------|---|----------------|
| <u>Title</u><br>AMBR | <u>Name</u><br>David J. Lance | Address<br>7402 Talmadge Avenue<br>Panama City, Florida 32409 | Type of Action |
|                      |                               |   | Add  Remove    |
|                      |                               |   | □ Change       |
|                      |                               |   | Add            |
|                      |                               |   | Remove         |
|                      |                               |   | Change         |
|                      |                               |   |                |
|                      |                               |   | Change         |
|                      |                               |   |                |
|                      |                               | <del>-</del>  | Remove         |
|                      |                               |   | Change         |
|                      |                               |   |                |
|                      |                               |   | ☐ Change       |
| <del></del>          |                               |   | Add            |
|                      |                               |   | Remove         |
|                      |                               |   | □ Change       |

| If amending any other inform   |  | Ecto) nei e. (Mi  | acn augmonats                             | reeis, ij necessary.)   |                                      |
|--|--|-------------------|---|---|--------------------------------------|
|  |  |                   |   |   |                                      |
|  |  |                   |   |   | <del>_</del>                         |
|  |  |                   |   |   |                                      |
|  |  |                   |   |   |                                      |
|  |  |                   |   |   |                                      |
| -  |  |                   |   |   | <del></del>                          |
|  |  |                   |   |   |                                      |
| <del></del>  |  |                   | <u> </u>                                  |   |                                      |
|  |  | <del></del>       | <del></del>                               |   |                                      |
|  |  |                   |   |   |                                      |
|  |  |                   |   |   |                                      |
|  |  |                   | <del></del>                               |   |                                      |
|  | ·,   | <del></del>       | ·   |   |                                      |
|  | ————— <u>————————————————————————————————</u>      |                   | <u> </u>                                  |   |                                      |
|  | <del></del>  | <del>-</del>      | <del></del>                               |   |                                      |
| <del></del>  | <del></del>  | ·                 |   |   |                                      |
|  |  |                   |   |   |                                      |
|  |  |                   |   |   | <del>-  </del>                       |
|  |  |                   |   |   |                                      |
| ffective date, if other than the an effective date is listed, the date mu ote: If the date inserted in this bicument's effective date on the D | at be specific and cannot<br>ock does not meet it. |                   | filing or more than outory filing require | (optional)<br>90 days after filing.) Pursements, this date will | suant to 605,020<br>not be listed as |
| record specifies a delayed<br>The 90th day after the rec   | effective date, ord is filed.                      | but not an eff    | ective time, a                            | : 12:01 a.m. on t   | he earlier o                         |
| 28 December  | 201  | 18                |   |   |                                      |
| 1/ 1   | N.   | •                 |   |   |                                      |
| Kaly   | Logh   |                   | ·   |   | 1                                    |
|  | Signature of a member                              | or aumorized repr | esentative of a mem                       | ber   |                                      |
| Kevin Lynn Peoples   |  |                   |   |   | ł                                    |

Page 3 of 3

Filing Fee: \$25.00