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COVER LETTER

		stration Section of Corp				
CIID IEZ		ANDYMA	N MARIO LLC			
SUBJEC	J1		Name of Limi	ted Liability Company		
The encl	osed a	Articles of A	mendment and fee(s) are sub-	nitted for filing.		
Please re	eturn a	ll correspond	lence concerning this matter t	to the following:		
			JAMES HUGGINS			
				Name of Person	····	
			HANDYMAN MARIO LL	.C		
				Firm/Company		_
			179 CAMERON ST DR			
				Address		pringer.
			PALM BAY FL 32909			
			TOMEZ1735@AOL.COM	City/State and Zip Code		_
			E-mail address: (t	o be used for future annual re	port notification)	
For furth	ier inf	ormation cor	cerning this matter, please ca	ılı:		
JAMES .	HUG	GINS		321 752- at ()	6880	
		Name of i	Person	Area Code	Daytime Telephone Numb	er
Enclosed	lisac	heck for the	following amount:			
S \$25.0	00 Fil	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific sed) Certifie	Filing Fee, ate of Status & d Copy al copy is enclosed)

MAILING ADDRESS:

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TO:

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

HANDYMAN MARIO LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L15000059406</u>	y were filed on <u>03/16/2015</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company." the designation "LLC" or the	
Enter new principal offices address, if applicable:		2019/1 Stru
(Principal office address MUST BE A STREET ADDRESS)		
		O ver
Enter new mailing address, if applicable:		SE MI I
(Mailing address MAY BE A POST OFFICE BOX)		- F - C - C - C - C - C - C - C - C - C
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:		ter the name of the new
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent	Cuy	z.tp Code
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as	e performance of my duties, and I d	um familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 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>	Type of Action
MGR	HUNTER LAWRENCE HEAD	618 CRASSAS DR INDIALANTIC FL 32903	■ Add
			Remove
			Change
			Add
		- A	Remove
		- 	Change
			Add
			☐ Remove
			Change
			□ Add
			Remove
		Change	
		Add	
		☐ Remove	
			☐ Change
			D Add
			□ Remove
			□ Change

	<u> </u>	
There are a regarded as		
(If an effective date is listed, the date r	s block does not meet the applicable s	(optional) e of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) statutory filing requirements, this date will not be listed as the
the record specifies a delay) The 90th day after the r	red effective date, but not an ecord is filed.	effective time, at 12:01 a.m. on the earlier of:
Dated AUGUST 6	2019	
Junes Vie	Signature of a member or authorized	
1 (J Signature of a member of authorized	representative of a member
JAMES HUGGINS		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00