

L15 000059406

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

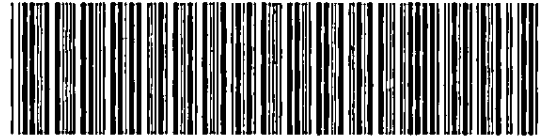
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/08/20--01014--005 **25.00

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1/21/21
[Signature]

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HANDYMAN MARIO 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:

JAMES HUGGINS

Name of Person

HANDYMAN MARIO LLC

Firm/Company

1735 CROTON RD STE B

Address

MELBOURNE, FL 32935

City/State and Zip Code

TOMEZ1735@AOL.COM

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

For further information concerning this matter, please call:

JAMES HUGGINS

Name of Person

at (_____) _____

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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>
MGR	TIMOTHY BRYAN BERG	974 SARETA ST SE PALM BAY, FL 32909	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ANTONYO JOHNSON	1840 BRIDGEWATER DR #246 MELB. FL 32934	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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Add
Remove
Change

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2020 DEC -8 PM 4: 14
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FILED
2020 DEC -8 PM 4: 14

(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)

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.

James Higgins
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00