

L15000125183

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

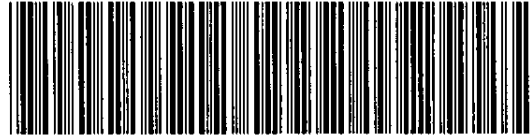
(Document Number)

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L15-125183

Amend

08/27/15--01030--011 **30.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP -1 2015
N. CAUSSEAU

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: A & D Handyman Services, 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:

Amelia Duran

Name of Person

A & D Handyman Services, LLC

Firm/Company

PO Box 7073

Address

Avon Park, FL 33826

City/State and Zip Code

jjaa1982@gmail.com

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

For further information concerning this matter, please call:

Amelia Duran 863 253-7149
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

A & D 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 7/22/2015 and assigned
Florida document number L15000125183.

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 "L.L.C."

Enter new principal offices address, if applicable:

2203 Manatee Drive

(Principal office address MUST BE A STREET ADDRESS)

Sebring, Florida 33870

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:

Name of New Registered Agent:

Amelia Duran

New Registered Office Address:

2203 Manatee Drive

Enter Florida street address

Sebring

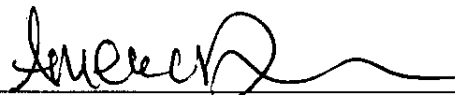
City

Florida 33870

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Amelia Duran	2203 Manatee Drive	<input type="checkbox"/> Add
		Sebring, FL 33870	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
PRES	David S. Abrego	4800 Makerel Drive	<input type="checkbox"/> Add
		Sebring, FL 33870	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Leopoldo D. Abrego	PO Box 7073	<input type="checkbox"/> Add
		Avon Park, FL 33826	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

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SECURITY STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 29 July 2015 (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated 8/22/15

Signature of a member or authorized representative of a member

Amelia Duran
Typed or printed name of signee

Typed or printed name of signee