# L15000152204

| (Re                     | questor's Name)   |             |
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| (Cit                    | y/State/Zip/Phon  | e #)        |
| PICK-UP                 | ☐ WAIT            | MAIL        |
|                         |                   |             |
| (Bu                     | siness Entity Nar | me)         |
| (Do                     | cument Number)    | 1           |
|                         |                   |             |
| Certified Copies        | _ Certificate:    | s of Status |
|                         |                   |             |
| Special Instructions to | Filing Officer:   |             |
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2016 SEP -9 PM 3: 20 SECRETARY OF STATE TALLAHASSI'E, FLORIDS

K.SALY EXAMINER SEY 13

### **COVER LETTER**

| Division of Corporations  |
|---|
| SUBJECT: Handy Helpers of Florida  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:   |
| Jessica Pettengill<br>Name of Person  |
| Handy Helpers Florida Firm/Company  |
| 16823 Hamlin Blvd Loxahatchee   |
| LOXahatchee FL 33470<br>City/State and Zip Code   |
| Grand 2001@ hot mail Com Email address: (to be used for future annual report notification)  |
| For further information concerning this matter, please call:  |
| Name of Person at (541) 373 3(e 88)  Area Code Daytime Telephone Number   |
| Enclosed is a check for the following amount:   |
| \$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$ Certificate Oopy \$\Bigcup \$\Bigcup \$ Certificate Oopy \$\Bigcup \$\ |

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

# TO ARTICLES OF ORGANIZATION **OF**

| ARTICLES OF O  | RGANIZATION 🙈 🔑  |
|--|--|
| OI   | RGANIZATION  F  20/6 SEP  10/6 SEP |
|  | WI6SEP L   |
| Handy Helpers Flor   | ida LLC , Sp. "9 px  |
| (Name of the Limited Liability Compan<br>(A Florida Limited Li   | iv as it now appears on our records The All All Your Ballity Company)  |
| `  | \$SEE, E31400  |
| The Articles of Organization for this Limited Liability Company v  | were filed on and assigned   |
| Florida document number  | •  |
| The state of the s |  |
| This amendment is submitted to amend the following:  |  |
| A. If amending name, enter the new name of the limited liabil  | ity company here:  |
|  |  |
| The new name must be distinguishable and contain the words "Limited Liability  | ty Company," the designation "LLC" or the abbreviation "L.L.C."  |
| D. A   |  |
| Enter new principal offices address, if applicable:  |  |
| Principal office address MUST BE A STREET ADDRESS)   |  |
|  |  |
|  |  |
| Enter new mailing address, if applicable:  | 16823 Hamlin Blvd  |
| (Mailing address MAY BE A POST OFFICE BOX)   | Loxamatcher FL 33470   |
|  |  |
|  |  |
| B. If amending the registered agent and/or registered off  | fice address on our records, enter the name of the ne  |
| registered agent and/or the new registered office address here   | <b>.</b>   |
|  |  |
| Name of New Registered Agent:  |  |
| V D / 100 All  |  |
| New Registered Office Address:   | Enter Florida street address   |
|  |  |
|  | , Florida  |

### 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

## or removed from our records:

| MGR = Manager<br>AMBR = Authorized Member |   | File                   | ~Pa <sub>b</sub> ,   |
|---|---|------------------------|--|
| <u>Title</u>                              | <u>Name</u>                             | Address 2016 SEP - C   | Type of Action   |
|   |   | TALLAHA COLOR OF OF    | <u>3: 20</u> □ Add   |
|   |   | Address 2016 SEP -9 PM | <sup>(A</sup> /L<br><sup>()</sup> R/(D <sub>S</sub> □ Remove |
|   |   | ÷                      | ☐ Change   |
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|   | *************************************** |                        | Add  |
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|                               | Everything remains the same<br>Developt Changing the address<br>from 255 River Bluff to   |
|-------------------------------|---|
|                               | 16823 Hamun Bud Loxabatchee   |
|                               | Florida 33470   |
|                               |   |
| <del></del>                   |   |
| <del></del>                   | PE TO   |
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|                               | For Grand Control of the Control of |
|                               |   |
|                               |   |
|                               |   |
| (If an effective Note: If the | date, if other than the date of filing:   |
| document                      | s effective date on the Department of State's records.  |
|                               | d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier on the day after the record is filed.   |
|                               | 08/24, 2016.  |
| Dated                         | ,   |
| Dated                         | Signature of a member or authorized representative of a member  |

Page 3 of 3

Filing Fee: \$25.00