

L15000157024

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

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(((H15000233845 3)))



H150002338453ABC+

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : BEST PRO SERVICES INC
Account Number : I20140000068
Phone : (727) 504-1870
Fax Number : (727) 683-9500

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: 4HELP123@gmail.com

RECEIVED

15 SEP 30 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
OREST ZAYATS HANDYMAN LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

FAX COVER SHEET

TO	
COMPANY	
FAXNUMBER	18506176383
FROM	VLADIMIRBORISSOV
DATE	2015-09-30 16:14:28 GMT
RE	amendment

COVER MESSAGE

attached

Thank you,

Insurance Agency Plus
6457 Central Avenue
St. Petersburg, FL 33710
Office 727-623-9885
Cell 727-504-1870
Fax 727-683-9500

please, visit <http://www.insurancefla.org>

<http://www.insuranceagencyplus.com>

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: OREST ZAYATS HANDYMAN 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:

ZAYATS, OREST

Name of Person

OREST ZAYATS HANDYMAN LLC

Firm/Company

5858 DARREN COURT N

Address

CLEARWATER, FL 33760

City/State and Zip Code

best.pro@live.com

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

For further information concerning this matter, please call:

ZAYATS, OREST

at (727) 742-7706

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input 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**

2015 SEP 30 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OREST ZAYATS HANDYMAN 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 09/15/2015 and assigned
Florida document number L15000157024.

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:

(Principal office address MUST BE A STREET ADDRESS)

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:

New Registered Office Address:

Enter Florida street address

City, **Florida**, *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>
AMBR	ZAYATS, GALINA	5858 DARREN COURT N	<input checked="" type="checkbox"/> Add
		CLEARWATER, FL 33760	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

2015 SEP 30 AM 9:05

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.

(b) The 90th day after the record is filed.

Dated September 28, 2015

Signature of a member or authorized representative of a member

7. AYATS, OREST

Typed or printed name of signee