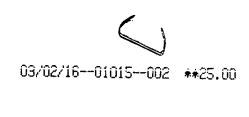
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(Re	questor's Name)	,
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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2016 MAR -2 PK 12: 22

K.SALY EXAMINER MAR - 4

## **COVER LETTER**

TO: **Registration Section Division of Corporations** Handyman Repairs LLC SUBJECT: 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: Kinh Tran Name of Person Handyman Repairs LLC Firm/Company 5700 Chapman Drive Address ThinkDirect@yahoo.com . E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

ARTICLES U			
	TO	land to	
ARTICLES OF	F ORGANIZATI	$ON \longrightarrow \mathcal{M}_{\mathcal{A}}$	
	OF	ON 2016 MAR - 2 PM	
Handyn	nan Repairs LLC	1 -5 bm	
		MINICIA	
(Name of the Limited Liability Cor (A Florida Limit	ed Liability Company)	January 14.	
		January 14,	
The Articles of Organization for this Limited Liability Compa	iny were filed on	and assigned	
Florida document numberL16000010614			
This amendment is submitted to amend the following:			
This unlessment is submitted to unless the following.			
A. If amending name, enter the new name of the limited l	iability company her	<u>e</u> :	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the des	ignation "LLC" or the abbreviation "L.L.C."	
Futon many primainal officer address if applicables			
Enter new principal offices address, if applicable:		-	
<u> Principal office address MUST BE A STREET ADDRESS</u>	<u> </u>		
	<del> </del>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
Training daw con 11111 200111 001 011100 0011	<del></del>		
B. If amending the registered agent and/or registered	t office address on	our records enter the name of the	
registered agent and/or the new registered office address l		our records, enter the name or the	
	<del></del>		
Name of New Registered Agent:			
Name of New Registered Agent.			
New Registered Office Address:			
	Enter Florid	la street address	
	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Age	<u>រាt:</u>		
		mosite. I further course to seventy with	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and compl	-		
accept the obligations of my position as registered agent i			
being filed to merely reflect a change in the registered off			

If Changing Registered Agent, Signature of New Registered Agent

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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adina dada ifadhardh	4b- J-4 <b>C</b> 61	effective	January 10, 20	16 (antional)	
ctive date, if other the effective date is listed, the d	date must be specific a	and cannot be prior to	date of filing or more		,) Pursuant to 605.020
e: If the date inserted in iment's effective date or	this block does no n the Department o	t meet the applicab f State's records.	ole statutory filing re	quirements, this date	will not be listed a
	•				
ecord specifies a de	elayed effective	date, but not	an effective time	e, at 12:01 a.m.	on the earlier o
ne 90th day after th	re record is filed	d.			
p_1 -1		BB4.5			
ed <b>2/23</b>			_ •		
• /		Topm No	lyh		
		1 1	_		
	Signature of	a member or authori	zed representative of a	member	-

Page 3 of 3

Filing Fee: \$25.00