

L160000016838

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 31 2016

J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Handy Man Can, 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:

Emile Sanon

Name of Person

SMG Services, LLC

Firm/Company

3255 NW 94th Ave, Suite 9731

Address

Coral Springs FL 33065

City/State and Zip Code

facilemails.com@gmail.com

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

For further information concerning this matter, please call:

Emile Sanon

845
at ()

372-6623

Name of Person

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/COURIER ADDRESS:

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

2016 MAR 30 P 5:11
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TALLAHASSEE, FL 32301
SECRETARY OF STATE

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Handy Man Can, 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 January 25, 2016 and assigned Florida document number L16000016838.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SMG Services, LLC

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)

3255 NW 94th Ave

Suite 9731

Coral Springs Fl 33065

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:

Emile Sanon

New Registered Office Address:

3255 NW 94th Ave, Suite 9731

Enter Florida street address

Coral Springs

City

Florida

33065

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	Emile Sanon		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		3255 NW 94th Ave Suite 9731 Corq Springs 33065	<input checked="" type="checkbox"/> Change
AMBR	Peggy Kerr	3255 NW 94th Ave Suite 9731 Coral Springs 33065	<input checked="" 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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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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[illegible]

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

3/29/2016

Signature of a member or authorized representative of a member

Emile Sanon

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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FILED
U.S. DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA
TALLAHASSEE, FLORIDA