## LICOOODSTTQ

(Re	questor's Name)	
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SECRETARY OF STATE

## **COVER LETTER**

10.	Division of Cor			
SUBJE	CT·	H&A Handyman &	Landscaping Pros.L.L.C	
SOME	C1.	Name of Lim	ited Liability Company	
The enc	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
			Henry A Membreno	
			Name of Person	
		H&A Hand	yman & Landscaping Pros .L.L.C	₩.
			Firm/Company	
103			58 Down Lakeview Circle	CT 2
			Address	8 %
		,	Vindermere Florida 34786	15 OCT 28 PH 4: 24
			City/State and Zip Code	
			.Membreno @ Yahoo.Com	
			to be used for future annual report notif	ication)
For furt	her information co	oncerning this matter, please co	all:	
	Henry Men	nbreno	646 3312977 at ( )	
	Name of	Person		Telephone Number
Enclose	d is a check for th	e following amount:		
□ <b>\$</b> 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)
	Registra Divisio P.O. Bo	ing ADDRESS: ation Section of Corporations ox 6327 ssee, FL 32314	STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	n ations nter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H&A Handyman & Landscaping Pros.LLC.		
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our records.)  ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	ny were filed on Feb 02 2016	and assigned
Florida document number L16000018779		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
H&A Exhibit Displays "LLC"		
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		75.
(Principal office address MUST BE A STREET ADDRESS)		9 5
		当 537
		98 SEA
Enter new mailing address, if applicable:		PR THE
(Mailing address MAY BE A POST OFFICE BOX)		F. 95
maning Buaress Mill BETT 1051 OF THE BON		12 DE
		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered	·	ter the name of the nev
registered agent and/or the new registered office address h	ere:	
Name of Name Day 1 April 1 April 1		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	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 Title Name **Address** Type of Action \_□ Add \_□ Remove ☐ Change \_□ Add ☐ Remove \_□ Change \_□ Ren**©e**ve \_□ Chan**ge** □ Add \_\_\_\_ Remove \_\_\_\_\_ Change \_□ Add ☐ Remove \_□ Change □ Add ☐ Remove

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(If an effective of Note: If the	late, if other than the date of filing:	207 (3 as th
the record so) The 90th	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier the record is filed.	of;
Dated	October 24, 2016 9: 30 p.m.	
_	Signature of a metarber or authorized representative of a member	

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Filing Fee: \$25.00