

L16000058221

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

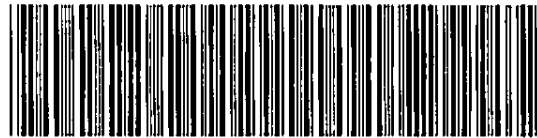
☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_



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09/11/17--01006--001 \*\*25.00

*J*  
9/18/17

FILED  
17 SEP 18 PM 2:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Special Instructions to Filing Officer: *Per Timoty Allen Timoty is President, one Robert is MCK. Thomas Hannah is to be removed.*  
9/18/17  
@ 3:04 PM. *J*

Office Use Only



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 14, 2017

ROBERT SCHIELE  
154 SW 51ST STREET  
CAPE CORAL, FL 33914 US

SUBJECT: A PERFECT HANDYMAN SERVICE LLC  
Ref. Number: W17000066288

We have received your document for A PERFECT HANDYMAN SERVICE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 254-6051.

Judy A Leggett  
Regulatory Specialist II  
Registration Section

Letter Number: 417A00016515

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: a perfect handyman service 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:

robert schiele

Name of Person

a perfect handyman service LLC

Firm/Company

154 sw 51st street

Address

cape coral, fl.33914

City/State and Zip Code

rhsjr699@gmail.com

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

For further information concerning this matter, please call:

robert schiele

201 704-0123

at ( )  
Area Code

Daytime Telephone Number

Name of Person

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  
TO  
ARTICLES OF ORGANIZATION  
OF**

a perfect handyman service 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 08/09/2017 and assigned  
Florida document number ~~BT17-81510~~ 226000050221

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)

**FILED**  
17 SEP 18 PM 2:06  
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TALLAHASSEE, FLORIDA

**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:

Timothy Allen

New Registered Office Address:

154 sw 51st street

*Enter Florida street address*

cape coral

Florida 33909

*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.*

*Timothy allen*

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>
mr <i>MBR</i>	Robert Schiele	154 sw 51st st	<input checked="" type="checkbox"/> Add
		cape coral,fl	<input type="checkbox"/> Remove
		33914	<input type="checkbox"/> Change
mr <i>PRES</i>	Timothy Allen	25 ne 20th ct	<input checked="" type="checkbox"/> Add
		cape coral,fl	<input type="checkbox"/> Remove
		33909	<input type="checkbox"/> Change
mr	Thomas Hannah	154 sw 51street	<input type="checkbox"/> Add
		cape coral,fl	<input checked="" type="checkbox"/> Remove
		33914	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TALLAHASSEE, FLORIDA

**FILED**

**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.

Dated august 09, 2017

robert schiele

Timothy allen

Signature of a member or authorized representative of a member

Robert Schiele

Timothy Allen

Typed or printed name of signee

robert schiele