## 11600103143

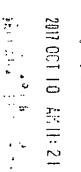
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Special Instructions to	Filing Officer:	

Office Use Only



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OCT LARRIE

## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: A & C	2 HANDYMAN Name of Limi	SERVILES	L_L_
obsider. <u>***</u>	Name of Limi	ted Liability Company	
The enclosed Articles of .	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	ANDREW	A CASSAA  Name of Person	10VA
	A+C HANDYM	Firm/Company	LLC
	4105 INVE	Address	-YD ST 2315
	LAUDERHILL	FL 33*	319
	andrewcassan E-mail address: (1	ova e Jahoo o be used for future annual rep	COMP port notification)
For further information co	oncerning this matter, please ca	11:	
ANDREW A	CASSANOVA	ar 267 \ 8	575.9050
Name o	l Person	Area Code	Daytime Telephone Number
Enclosed is a check for th	ne following amount:		
	□ \$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)
Registr Divisio P.O. Bo	ING ADDRESS; ation Section in of Corporations ox 6327 issee, FL 32314	Registratio Division of Clifton Bui	Corporations

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A + C HANDYMAN SERVICES 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	$0.5 \cdot 26 \cdot 2016 \text{ and a visual}$
Florida document number <u>L16000103143</u> .	were fried on and assigned
Florida document number 210000 100 175.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2709 NW 19th Street FORT LAUDERDALE
(Principal office address MUST BE A STREET ADDRESS)	FORT LAUDERDALE
	FL, 33311
Enter new mailing address, if applicable:	HIDS INVERRARY BLYD BLOG# 23-15 LAUDERHILL, FL 33319
(Mailing address MAY BE A POST OFFICE BOX)	BLD6# 23-15
	LAUDERHILL, FL 33319
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Plasida.
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

2

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person\_being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			Change
			☐ Remove
			Change
			□ Remove
			☐ Change
			Remove
			Change
			□ Remove
			Change
			Add
			□ Remove
			□ Change

Effective date, if other than the date of filing:  [In effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 005.020 More; If the date inserted in this black does not meet the applicable statutory filing requirements, this date will not be listed as Jacument's effective date on the Department of State's records.  The 90th day after the record is filed.  Dated  10.06  30.17			
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Page 3 of 3

Filing Fee: \$25.00