

**L16000172251**

\_\_\_\_\_  
(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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J. HARRIS

OCT 04 2016  
J. HARRIS

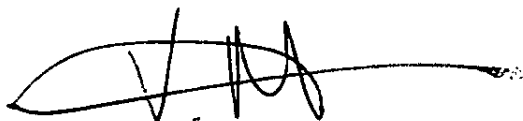
To whom this may concern:

When opening my company through Sunbiz.org I was under the impression that the Registering Agent was the owner of the company and the Authorized Representative was a person you could trust to make executive decisions in your absence.

I apologize for my ignorance. James is my most trusted companion and made it all possible for me to open this company on my own.

Best Regards,

Victoria Paige McFarland  
Averys Handyman LLC  
407-259-8140  
vpmcfarland@yahoo.com



REGISTRATION  
DIVISION OF CLERK

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AVERY'S HANDYMAN  
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:

VICTORIA PAIGE MCFARLAND  
Name of Person

Firm/Company

298 BAYWEST NEIGHBORS CIR  
Address

ORLANDO, FL 32835  
City/State and Zip Code

VPMCFARLAND@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VICTORIA MCFARLAND at (407) 259-8140  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

AVERYS HANDYMAN 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 09/14/15 and assigned Florida document number 116000172251.

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)**

**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:

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AP	JAMES CARDWELL	428 Little Spring Hill	<input type="checkbox"/> Add
		DR. OCOEE, FL 34761	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AD	VICTORIA McFARLAND	298 Baywest Neighbors	<input checked="" type="checkbox"/> Add
		Cir, Orlando, FL 32835	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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A of CONFIDENTIALITY  
PH 30

[illegible]

(If an 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 605.0207 (3)(b)

(b) The 90th day after the record is filed.

Dated 09/16/16, \_\_\_\_\_.

*[Signature]*

Signature of a member or authorized representative of a member

VICTORIA McFARLAND

Typed or printed name of signee

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[illegible]