## L16000181694

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## **COVER LETTER**

TO: Registration So Division of Con			
SUBJECT: <u>Ch</u>		ruction LIC d Liability Company	
The enclosed Articles of	Amendment and fee(s) are submit	tted for filing.	
Please return all correspo	endence concerning this matter to	the following:	
	Aleksand	Name of Person	
	Chulanovs		on LIC
	6746 Abels	ON AVE Address	<del></del>
	Novth Por	+ FL 342 City/State and Zip Code	91
	E-mail address: (to b	e used for future annual report notifi	cation)
For further information co	oncerning this matter, please call:		
Alekso Name of	Person Chulanov	at ( <u>941</u> ) <u>979-1</u> Area Code Daytime	3 9 Y Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>\$60.00 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on ou Liability Company)	r records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>LNGOO181694</u>	y were filed on <u>Syn</u>	e 8 , 20 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab  Coastline Handyman  The new name must be distinguishable and contain the words "Limited Liab	Services	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<b>202</b>
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		29 AMIO: 50 HASSEE, FL
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records,	, enter the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	et address
<del></del>	City	Florida Zip Cade
	cúi.	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>	Name	Address	Type of Action
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an effective date is liste	ner than the date of ed, the date must be spec-	cific and cannot b	e prior to date o	f filing or more tha	( <b>opti</b> in 90 days after	filing ) Por	suant to	605.020
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Filing Fee: \$25.00