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Name Change

MAR 1 6 2019 D CUSHI**ng**

COVER LETTER

Division of Corporations	
SUBJECT: Hobbs 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:	
Frank Hobbs	
Hobbs Handyman Service, LLC.	
25438 Ash St Address	
Brooksville FL 34601 City/State and Zip Code Frank i hobbs @ Jahoo · Com E-mail address: (to be used for fibrare admual report notification)	is, n
For further information concerning this matter, please call:	7
Frank Hobbs at (352) 254 - 0812 Name of Person Area Code Daytime Telephone Number	
Name of Person Area Code Daytime receptione Namoer	10 FTA TOP STATES
Enclosed is a check for the following amount:	39 25 E
(additional copy is enclosed) Certified C	ng Fee. : of Status &

MAILING ADDRESS:

Registration Section

TO:

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

Hobbs 1	tandyman Service	ce, LLC
(Name of the Limited (A	Liability Company as it now appears on Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liab Florida document number \(\bigcup_000 \) \(\bigcup_000 \)	ility Company were filed on 10 5864	$\frac{16/16}{}$ and assigned
This amendment is submitted to amend the follows	ing:	
A. If amending name, enter the new name of the Hobbs Home The new name must be distinguishable and contain the word	Service, LLC	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		19 HAR TH
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered offic		records, enter the name of the ney
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	reet 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager.
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
		<u></u>	Add
			Remove
		Change	
		Add	
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f an effec <u>Note:</u> T	e date, if other than the date of filing:
ne reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
	March 5 2019
Dated _	
Dated _	
Dated _	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00