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S. PRATHER

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COVER LETTER

Divisio	n of Corp	orations		
	SSE DAV	'ID AMOS "DOES IT ALL H	ANDYMAN SERVICES" L	
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed Ar	ticles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all	соптеврог	ndence concerning this matter	to the following:	
		JESSE AMOS		
		<u> </u>	Name of Person	
		JESSE DAVID AMOS *D	OES IT ALL HANDYMAN SE	RVICES" LLC
			Firm/Company	
		955 SANDLE WOOD DR		
		955 SANDLE WOOD DR. Address PORT ORANGE, FL 32127		
		PORT ORANGE, FL 3212	27	
			City/State and Zip Code	<u>,</u>
		JESSEDAVIDAMOS@GM	1AIL.COM	
		E-mail address: (to be used for future annual report r	otification)
For further infor	mation co	oncerning this matter, please ca	all:	
JESSE AMOS			386 341-2172	
	Name of	Person	Area Code Day	time Telephone Number
Enclosed is a ch	eck for th	e following amount:		
\$25.00 Filin		□ \$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)
	MAILI	ING ADDRESS:	STREET/COU	RIER ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327

Registration Section

TO:

Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JESSE DAVID AMOS "DOES IT ALL HANDYN			
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our records.) ad Liability Company)		
The Articles of Organization for this Limited Liability Compa	ny were filed on 03/16/2018	and assi	gned
Florida document number L16000196509			
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here:		
Amos Enterprises LLC	_		
he new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or t	he abbreviation "L.L	.C."
Enter new principal offices address, if applicable:		·	
Principal office address MUST BE A STREET ADDRESS			
		<u>~~</u>	≤ _φ
		00	<u>E</u> 2
inter new mailing address, if applicable:		t	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)			2007 2007
		= =	Ğ
		~ ~	23.2. 2.2.
3. If amending the registered agent and/or registered	office address on our records, en	iter the name o	of Che⊥
registered agent and/or the new registered office address l	nere:		
			
Name of New Registered Agent:			
Non-Designation of CNS and Address of			
New Registered Office Address:	Enter Florida street address		
	, Florid		
	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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			☐ Remove
			Add
			☐ Remove
			Change
			☐ Remove
			Add
			☐ Remove
			Change
			☐ Remove
			☐ Change
			□ Add
			Remove
			Change

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	AH 10:
	:22
Effective date, if other than the date of filing:(optional)	

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Filing Fee: \$25.00