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(Requestor's Name)		
(Nequesions Marrie)		
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(City/State/Zip/Phone #)		
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(Document Number)		
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COVER LETTER

Division of Con			
Manuel Ha	indyman LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Manuel Perdomo		
		Name of Person	
	Manuel Handyman LLC		~~^4 ~~~~
•		Firm/Company	
	1544 Clair Mel Cir		16 DEC -8
•		Address	8
	Tampa FL 33619		PH 2: 06
	nerberfonz@hotmail.com	City/State and Zip Code	PH 2: 06
	E-mail address: (to be used for future annual report notific	cation)
For further information of	concerning this matter, please co	all:	
Manuel Perdomo		813 4006117	
Name o	of Person		Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	□ \$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)
MAII	INC ADDDESS.	STREET/COURIE	D ADDRESS.

Registration Section Division of Corporations P.O. Box 6327 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

Manuel Handyman LLC		
(<u>Name of the Limited Lial</u> (A Floi	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L16000208235	Company were filed on 11/14/2016	and assigned
This amendment is submitted to amend the following	 :	
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC" or th	ne abbreviation "L.L.Q."
Enter new principal offices address, if applicable:		2
(Principal office address MUST BE A STREET AD	DRESS)	6 27
		P THE
Enter new mailing address, if applicable:		2: 0
(Mailing address MAY BE A POST OFFICE BOX)		<u> あず</u>
B. If amending the registered agent and/or re registered agent and/or the new registered office a		ter the name of the new
Name of New Registered Agent:		-
New Registered Office Address:	Enter Florida street address	
	. Florida	a
	City , T TOT I LE	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>	Address	Type of Action
MGRM	Manuel Perdomo	1544 Clair Mel Cir Tampa FL 336	■ Add
			□ Remove
			☐ Change
			☐ Add
			Remove
			□. □. □. □. □. □. □. □. □. □. □. □. □. □
		<u> </u>	OEC Add Sign
			Remove Change
			Of Change
			
			Remove
			Change
			□ Add
			□ Remove
			☐ Change
			□ Add
			□ Remove
			Change

If amending any other information, enter change(s) here: (Attach additional sheets, i	if necessary.)
	DEC -8
	3 (1)
	N (m)
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 day Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	(optional) s after filing.) Pursuant to 605.0207 (3) ts, this date will not be listed as the
the record specifies a delayed effective date, but not an effective time, at 12. The 90th day after the record is filed.	:01 a.m. on the earlier of:
Dated <u>Della, 2016.</u>	
Signature of a member or authorized representative of a member Compared to the compared to	

Page 3 of 3

Filing Fee: \$25.00