# L16000 224001

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K. SALY MAR - 6 2017

### **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT. Hand	lymen Plus, LL	C	
SUBJECT: TIWIC	Name of Lim	ited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	_		
	Akil Yis	rae   Name of Person	
		Name of Person	
	Focus 9	Enterprises, LLC	•
		Firm/Company	
	601 Delto	na Blvd. Ste 102 Address	
		Address	And the second of the second o
		FL 32725 City/State and Zip Code CUS 9erHer prises. Corr to be used for future annual report notifi	
		City/State and Zip Code	
	<u>Fresident (a)+c</u> E-mail address: (	ocus Tenter prises. Com to be used for future annual report notifi	lication)
For further information co	ncerning this matter, please ca		
$\Delta \nu_1 = 11$	. 1	nsu hea an	۸۸
Name of	Person	at ( <u>386</u> ) <u>259 - 99.</u> Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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)

#### 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

. ART	ICLES OF ORGAN OF	IZATION 20	FILED ITMAR-3 PM 3: 16
Handymen P	lus   LC ed Liability Company as it now (A Florida Limited Liability Cor	appears on our records. $ALL$	ONE PARY OF STATE AHASSEE, FLORIDA
The Articles of Organization for this Limited Li Florida document number <u>L160002240</u>		on 12/12/2016	and assigned
This amendment is submitted to amend the follo	owing:		
A. If amending name, <u>enter the new name of</u>	the limited liability comp	any here:	
The new name must be distinguishable and contain the w Enter new principal offices address, if applica Principal office address MUST BE A STREE	able:		
Enter new mailing address, if applicable:  Mailing address MAYBE A POST OFFICE I	B <u>OX)</u>		
3. If amending the registered agent and/oregistered agent and/or the new registered of		ess on our records, <u>ente</u>	r the name of the new
Name of New Registered Agent:	Focus 9 Er	Herprises, LLC	
New Registered Office Address:	601 Deltona	Blud. Ste. 102 ner Florida screet address	
	Deltona	Florida _	32725

#### 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.

City

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		Address  2017 MAR - 3 PM 3- 16  SECRETARY OF STAIF  MALLAHASSEE FLORIDS  D Add		
<u>Title</u>	<u>Name</u>	Address 2017 MAR -3 PM 3- 16	Type of Action	
		TALLAHASSEE FLORIDS	Add	
			Remove	
			Change	
			□ Remove	
			Change	
<del></del>			Add	
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			□ Remove	
			□ Change	

Changing Registered Agent	F// S.
,	2017 MAR -3 PM 3: 16
	TALTAHASSEE. FLORIDA
	AHASSEE FI DOUL
Effective date, if other than the date of filing:	t be prior to hate of filing or more than 90 days after filing.) Pursuant to 605.0207 () te applicable statutory filing requirements, this date will not be listed as th
e record specifies a delayed effective date, The 90th day after the record is filed.	but not an effective time, at 12:01 a.m. on the earlier of:
Many Aller	or authorized representative of a member
Marcus McDonald	or printed name of signee

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Filing Fee: \$25.00