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SECRETARY OF STATE
AND AHASSEE, FLORID

K. SALY MAR - 7 2017

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Local Handyman Services 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:
Sesse Mitchell Name of Person
Local handy men services LLC Firm/Company
30238 Hunstaunton Dr
City/State and Zip Code  Creen minded 100@gma; L, Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (386) 956-7779  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)  \$25.00 Filing Fee & Certified Copy (additional copy is enclosed)  \$25.00 Filing Fee & 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 OF

The Articles of Organization for this Limited Liability Company were filed on 0/61/2017 Florida document number L 16000 232731 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Mitchell Enterprises of Florida LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 30238 Hunstaunton Dr Enter new principal offices address, if applicable: Sortento FL 32776 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

### 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

or removed from our records: FILED MGR = Manager AMBR = Authorized Member 2017 MAR -6 PM 4:59 <u>Title</u> **Address Type of Action Name** \_□ Add ☐ Remove \_□ Change □ Add □ Remove ☐ Change □ Add ☐ Remove \_□ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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	ecific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.
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Filing Fee: \$25.00