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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: RIVERVIEW Han	dyman "LLC"
Nam	e 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:
	Name of Person
	view Handyman "LLC" Firm/Company
10705	Keys Gate dr Address
_ Piver	City/State and Zip Code  Gmail.com  ddress: (to be used for future annual report notification)
916Neri	ddress: (to be used for future annual report notification)
For further information concerning this matter, p	olease call:
Tan Gibner Name of Person	at (813) 580 - 6142 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee S30.00 Filing Fee Certificate of S	& U \$55.00 Filing Fee & U \$60.00 Filing Fee, tatus Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)  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**

ARTICLES OF O	RGANIZATION			
O	F 2017550 - C.L.			
Riverview Handyna (Name of the Limited Liability Compa (A Florida Limited I	PRGANIZATION  F  2017 SEF 29 PM 4: 4  ny as it now appears on our records.)			
(A Florida Limited I	hability Company)			
The Articles of Organization for this Limited Liability Company	were filed on Jan 6, 2017 and assigned			
Florida document number <u>L17000005116</u> .	,			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
Fans and Fixtures LLC The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	10705 Keys Gate dr			
(Principal office address MUST BE A STREET ADDRESS)	10705 Keys Gate dr Riverview, FL 33579			
Enter new mailing address, if applicable:	10705 Keys Gate dr			
(Mailing address MAY BE A POST OFFICE BOX)	10705 Keys Gate dr Liverview, FL 33579			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here				
Name of New Registered Agent: Tan	Gibner			
New Registered Office Address: 10705	Gibner Keys Gote dr Emer Florida street address			
<u>Piver</u>	View . Florida 33579			
Now Booktored Agent's Signature if shoughs Desistand Agents				

Registered Agent's Signature, it 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 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 Title **Address** Type of Action Name MGR Ian Gibner 10705 Keys Gate de MAdd Riverview, FL 33579 | Remove \_□ Change AMBR Jessica Staton 10705 Keys Gate dr XAdd Riverview, FL 33579 ☐ Change □ Add \_\_\_\_Remove \_□ Change ☐ Add ☐ Remove Change \_□ Add □ Remove \_□ Change

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ive date, if other than the date of fective date is listed, the date must be specilif the date inserted in this block does tent's effective date on the Department cord specifies a delayed effect 90th day after the record is f	ific and cannot be prior to s not meet the applicab nt of State's records.	le statutory filing requ	irements, this date wi	ill not be li
September 27th  Clan  Signature	2017_			
. 6	In Park			
Signatur	e of a member or authoriz	zed representative of a m	ember	

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Filing Fee: \$25.00