<u>L170000 21587</u>

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only



100305813741

11/20/17--01029--013 **25.00

TILED

17 NOV 21 PM 1: 08

SECRETARY OF TAKEN

J. LEGGETT MOV 21 2017

COVER LETTER

	istration Sec ision of Corp					
SUBJECT:	HANDYM	AN AFFORDABLE, LLC				
SOBJECT.		Name of Lim	ited Liability Company			
The enclosed	f Articles of A	Amendment and fee(s) are sub-	mitted for filing.			
Please return	all correspon	ndence concerning this matter	to the following:			
		ROOP SUKHRAM				
Name of Person						
		HANDYMAN AFFORDA	BLE, LLC			
Firm/Company						
654 HACIENDA CIRCLE						
			Address			
			City/State and Zip Code			
		PANDITROOP@MYHU.O				
		E-mail address: (t	to be used for future annual report notific	cation)		
For further in	nformation co	oncerning this matter, please ca	all:			
ROOP SUK			407 285-6007			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed is a	check for th	e following amount:				
■ \$25.00 F	iling 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 OF

HANDYMAN AFFORDABLE, LLC	
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number £17000021583	Company were filed on 01/27/2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	mited liability company here:
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADL	DRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	FILED III 08
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad	gistered office address on our records, enter the name of the new ddress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	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 = Manager AMBR = Authorized Member

Title .	<u>Name</u>	Address	Type of Action
MGR	ROOP SUKHRAM	654 HACIENDA CIRCLE, KISSIN	= Add
			☐ Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			☐ Change
			☐ Remove
			Change
			
			□ Remove
			☐ Change
			Remove
			☐ Change

·	•	
_		•
_		
_		
_		
_		
-	, -3, ₁₀	•
_		•
_		
_	<u>21</u>	
		C
_	<u> </u>	
_		
_		
fecti	ve date, if other than the date of filing:	
ote;	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste	ed a
ocum	ent's effective date on the Department of State's records.	
rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie	er c
	90th day after the record is filed.	c. c
	11/16/2017	
ated_	··	
	39:	

Page 3 of 3

Filing Fee: \$25.00