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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. LEGGETT
NOV 21 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HANDYMAN AFFORDABLE, 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:

ROOP SUKHRAM

Name of Person

HANDYMAN AFFORDABLE, LLC

Firm/Company

654 HACIENDA CIRCLE

Address

KISSIMMEE, FLORIDA 34741-6331

City/State and Zip Code

PANDITROOP@MYHU.ORG

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROOP SUKHRAM

407

285-6007

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

HANDYMAN AFFORDABLE, LLC

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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>	<u>Address</u>	<u>Type of Action</u>
MGR	ROOP SUKHRAM	654 HACIENDA CIRCLE, KISSIM	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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TALLAHASSEE FLORIDA

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 11/16/2017

Signature of a member or authorized representative of a member

Typed or printed name of signee