L17000051018

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT
APR 19 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 3, 2017

NUMROD JOSEPH
5718 BIRDS NEST LN
JACKSONVILLE, FL 32222

SUBJECT: JOE HSP HANDYMAN, LLC
Ref. Number: L17000051018

We have received your document for JOE HSP HANDYMAN, LLC and your check(s) totaling $55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check type of action on page 2 of 3 for authorized person(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 017A00006331

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TALLAHASSEE, FLORIDA

2017 APR 13 AM 11:33

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: JOE HSP HANDYMAN 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:

Numrod Joseph
Name of Person

JOE HSP HANDYMAN LLC
Firm/Company

5718 BIRDS NEST LN
Address

JACKSONVILLE, FL 32222
City/State and Zip Code

numrodj@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Numrod Joseph at (407) 914-7596
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)

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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

JOE HSP HANDYMAN LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on March 3, 2017 and assigned Florida document number L17000051018.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

5718 Birds Nest Ln.
Jacksonville, FL 32222

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

Same as above

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: Jadan Bauman

New Registered Office Address: 4940 Emerson St, suite 107
Enter Florida street address

Jacksonville, Florida 32207
City *Zip Code*

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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	Name	Address	Type of Action
President	Nimrod Joseph	5718 Birds Nest Ln	☐ Add
		Jacksonville, FL 32222	☐ Remove
			☑ Change
MGR	Libnie Joseph	5718 Birds Nest Ln	☐ Add
		Jacksonville, FL 32222	☐ Remove
			☐ Change
AMBR	Elie Joseph	5718 Birds Nest Ln	☐ Add
		Jacksonville, FL 32222	☐ Remove
			☑ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

I, Numrod would like to amend Joe HSP HANDYMAN LLC as sole Proprietorship LLC, and I, Numrod Joseph as sole owner (100%) of the company instead of partnership LLC.

Therefore, could you please register Joe HSP HANDYMAN LLC as sole proprietor? & I would still want my wife, Libnie Joseph as manager and my brother, Elie Joseph as authorized member.

Thank you.

EIN for Joe HSP HANDYMAN LLC
81-1715357

E. Effective date, if other than the date of filing: _____ **(optional)**
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

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Dated 03-27-17

Numrod Joseph
Signature of a member or authorized representative of a member

Numrod Joseph Co Owner & President
Typed or printed name of signee

Filing Fee: $25.00