

417000082938

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

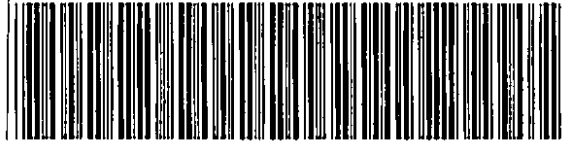
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TALLAHASSEE, FLORIDA

AUG 04 2017
Y SULKER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Cornerstone 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:

Yonsuk Lee

Name of Person

Cornerstone Handyman Services, LLC

Firm/Company

3412 W. Idlewild Ave

Address

Tampa FL 33614

City/State and Zip Code

youngwoo3355yl@google.com

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

For further information concerning this matter, please call:

Yonsuk Lee

239

738-4740

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Cornerstone Handyman Services, 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 4/13/2017 and assigned
Florida document number L17000082938

This amendment is submitted to amend the following:

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

Gangnam Style Restaurant Group, LLC

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

Enter new principal offices address, if applicable:

701 E. Fletcher Ave Tampa FL 33612

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

701 E. Fletcher Ave Tampa FL 33612

(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:

Yonsuk Lee

New Registered Office Address:

701 E. Fletcher Ave

Enter Florida street address

Tampa

Florida 33612

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
mgr	Yunsuk Lee	3412 W. Idlewild Ave Tampa	<input type="checkbox"/> Add
		FL 33614	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
mgr	Yonsuk Lee	701 E. Fletcher Ave Tampa	<input checked="" type="checkbox"/> Add
		FL 33614	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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ALLIANCE STATE OF FLORIDA

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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 7/20 2017


Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Typed or printed name of signee