

L17000 107616

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

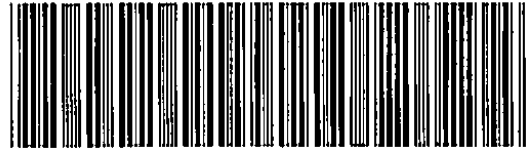
(Business Entity Name)

(Document Number)

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2020 JUN 29 PM 2:05
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JUL 1 2020

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8/8/

TO: Registration Section
Division of Corporations

SUBJECT: PQ's Lawn & 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:

Conecia Quarker

Name of Person

PQ's Lawn & Handyman Services, LLC

Firm/Company

9806 Parker Lake Cir.

Address

Navarre, FL 32566

City/State and Zip Code

services@letusdoitforu.com

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

For further information concerning this matter, please call:

Conecia Quarker

850

585-6891

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

TO
ARTICLES OF ORGANIZATION
OF

PQ's Lawn & 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 May 15, 2017 and
Florida document number L17000107616.

This amendment is submitted to amend the following:

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

PQ's Handyman Services, LLC

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

**B. If amending the registered agent and/or registered office address on our records, enter the name of the
agent and/or the new registered office address here:**

Name of New Registered Agent:

N/A

New Registered Office Address:

Enter Florida street address
N/A, Florida N/A
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.

N/A

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type</u>
	N/A	/	<input type="checkbox"/> A
			<input type="checkbox"/> B
	N/A		<input type="checkbox"/> C
			<input type="checkbox"/> D
	N/A		<input type="checkbox"/> E
			<input type="checkbox"/> F
	N/A		<input type="checkbox"/> G
			<input type="checkbox"/> H
	N/A		<input type="checkbox"/> I
			<input type="checkbox"/> J
	N/A		<input type="checkbox"/> K
			<input type="checkbox"/> L
	N/A		<input type="checkbox"/> M
			<input type="checkbox"/> N
	N/A		<input type="checkbox"/> O
			<input type="checkbox"/> P
	N/A		<input type="checkbox"/> Q
			<input type="checkbox"/> R
	N/A		<input type="checkbox"/> S
			<input type="checkbox"/> T
	N/A		<input type="checkbox"/> U
			<input type="checkbox"/> V
	N/A		<input type="checkbox"/> W
			<input type="checkbox"/> X
	N/A		<input type="checkbox"/> Y
			<input type="checkbox"/> Z

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

Handwritten: N/A

Handwritten: July 1, 2020

E. Effective date, if other than the date of filing: July 1, 2020 (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 **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 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 ea
(b) The 90th day after the record is filed.

Dated June 25, 2020.

Peter Quarker

Signature of a member or authorized representative of a member

Peter Quarker

Typed or printed name of signee