# LITECO 175426

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# **COVER LETTER**

O: Registration Section Division of Corporations
JBJECT: Dr. Very HANDY LLC  Name of Limited Liability Company
ne enclosed Articles of Amendment and fee(s) are submitted for filing.
ease return all correspondence concerning this matter to the following:
JILMAZ ILAN Name of Person
DR. IERY HANDY 11.C
3585 CENTRAL AVE. UNIT 311 Address
FORT MYERS T.L. 3390/ City/State and Zip Code  dee. dee. dilan @ 3mJil. Com  E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
Dictem I lan at (239) 478 5648  Name of Person Area Code Daytime Telephone Number
sclosed is a check for the following amount:
\$25.00 Filing Fee Solution Salution Status Solution Status Solution Status Certificate of Status (additional copy is enclosed) Solution Status Certified Copy (additional copy is enclosed)

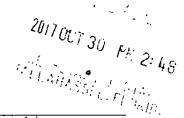
MAILING ADDRESS:

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



Zip Code

DR. VERY	HANDY JLC Surging
( <u>Name of the Limited l</u> (A F	Jability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liabil Florida document number 11700017542	lity Company were filed on <u>August 16, 2017</u> and assigned
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of the	e limited liability company here:
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:
Principal office address MUST BE A STREET A	(DDRESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BO	X)
3. If amending the registered agent and/or egistered agent and/or the new registered office	registered office address on our records, enter the name of the near address here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida

### 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.

City

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> **Address Type of Action** MGR YILMAZ ILAN 3585 CENTRAL AVE. UNIT 211 N. Ft. Myers FL 33701 **⊠**'Add □ Remove Change □ Add □Ādd \_□ Remove ☐ Change □ Add ☐ Remove □ Add \_□ Remove \_□ Change ☐ Remove

☐ Change

Effective date, if other than the date of filing:  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 Note: 1) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it document's effective date on the Department of State's records.  The 90th day after the record is filed.  Dated Other 25  Signature of a member or authorized representative of a member						. <del></del>	
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Filing Fee: \$25.00