L17000 212 468

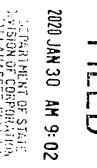
(Re	equestor's Name)	
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(Ĉi	ty/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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JAN 31 2020 S. YOUNG



January 8, 2020

KAREN DANIEL 4540 SW 4TH STREET MIAMI, FL 33134

SUBJECT: KDF HANDYMAN SERVICES LLC

Ref. Number: L17000212468

We have received your document for KDF HANDYMAN SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6050.

Shelia H Young Regulatory Specialist II

Letter Number: 720A00000483

170 J. . . 30 PH 12: 11

COVER LETTER

TO: Registration S Division of Co	ection rporations	.**	
SUBJECT:	KDF HANDYM	YAN SERVICES	Llc
30b3LC1	Name of Li	mited Liability Company	
	•		·
The enclosed Articles of	Amendment and fee(s) are su	abmitted for filing.	
Please return all correspondent	ondence concerning this matte	er to the following:	
		travel Daviel	1
		Name of Person	
		Firm/Company	<u></u>
	4540	SW YTH ST,	e vy
		Address	
	Vr	m1, FL 33134	
		City/State and Zip Code	
• •			
For further information o	concerning this matter, please	(to be used for future annual recall:	port notification)
KARel	DANIEL	at (786)	626 - 3219
Name o	of Person	Area Code	Daytime Telephone Number
Enclosed is a check for t	he following amount:		
	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo	Certificate of Status &
Mailing Addre		Street Ado	
Registration			tion Section of Corporations
Division of C	=		tre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KOF HANDYMAN SE	Puncer IIc Son = II
(Name of the Limited Liability Company as it nov (A Florida Limited Liability Company as it nov	
	npany)
The Articles of Organization for this Limited Liability Company were filed	on 10/13/2017 and assigned
Florida document number <u>L17000 212468</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	pany here:
KOF CARPENTRY LLC.	
The new name must be distinguishable and contain the words "Limited Liability Compan	y," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	
Enter new mailing address, if applicable:	÷
(Mailing address MAY BE A POST OFFICE BOX)	
	
B. If amending the registered agent and/or registered office address or agent and/or the new registered office address here:	our records, enter the name of the new registered
	. ·
Name of New Registered Agent:	
New Registered Office Address:	
E	nter Florida street address
	, Florida
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

Zip Code

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
			□Remove
			□Change
			□Add
			□Remove
			□Change
		 	□Add
		 	Remove
			□Change
			□Add
			□Remove
			□Change
 -			□Add
			□ Remove
			□Change
			□ Add
			□Remove

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Effect	ive date, if other than the date of filing:
Note:	fective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of 90 th day after the record is filed.
Dated	January 22, 2020
	Signature of a member or authorized representative of a member
	9.5

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Filing Fee: \$25.00