117000221996

		1
(Re	equestor's Name)
		1
	14>	
(Ac	ldress)	
(Ac	ddress)	<u> </u>
.	,	,
(Ci	ty/State/Zip/Phor	ne #)
PICK-UP	MAIT	MAIL
	LJ ******	🗀 🐃
		! !
	ısıness Entity Na	mo/
(Or	isiness Emity Na	ine)
(Do	ocument Number)
•		,
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer.	
		4
<u></u>	• = •** 	
	<u> </u>	
017 DEC -4 AM W: 3		[
7	Office Use O	niy
<u> </u>		 -
ن		
JOE	40 44	
	17	



000306231690

12/05/17--01006--023 **25.00

GEC O 6 2017 J. HARRIS

COVER LETTER

	ision of Cor	porations ,	•	
sübject:				
		Name of Lim	ited Liability Company	
		1		
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Scott J. Wortman, Esq.		
			Name of Person	·
	Name of Limited Liability Company 1 ed Articles of Amendment and fee(s) are submitted for filling. rn all correspondence concerning this matter to the following: Scott J. Wortman, Esq.			
		·	Firm/Company	
	White Glove Handyman, LLC Name of Limited Liability Company enclosed Articles of Amendment and Hee(s) are submitted for filling. se return all correspondence concerning this matter to the following: Scott J. Wortman, Esq.			
			Address	
		West Palm Beach, Florida	33411	
		swortman@kwlawfirm.con	•	
		E-mail address: (to be used for future annual report i	notification)
For further in	iformation c	oncerning this matter, please ca	ıll:	
Scott J. Wor	tman, Esq.	I		
	Name o	f Person	Area Code Day	time Telephone Number
Enclosed is a	check for th	ne following amount:		
≘ \$25.00 F	iling Fee		Certified Copy	Certificate of Status & Certified Copy
	Registr Divisio P.O. Bo	ration Section : on of Corporations ox 6327	Registration Sec Division of Cor Clifton Building	ction porations <u>2</u>
	Fallaha	issee, FL 32314	2661 Executive Tallahassee, FL	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

White Glove Handyman, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Jiability Company)	
he Articles of Organization for this Limited Liability Company	were filed on October 26, 2017	and assigned
lorida document number L17000221996		
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the	
inter new principal offices address, if applicable:		2217
Principal office address MUST BE A STREET ADDRESS)	1665 Palm Beach Lakes Blvd., Suite 2	il5; 윙 : ·
	West Palm Beach, Florida 33401	1
	**	
Inter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		2-2-
	7	
. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here. Name of New Registered Agent:		r the name of the
Nov. Province of Office Address.		
New Registered Office Address:	Enter Florida street address	
	, Florida	
;	City 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>	Type of Action
MGR	Gus Renny	1665 Palm Beach Lakes Blvd	≅ Add
		Suite 215, West Palm Beach	Remove
		Florida 33401	☐ Change
			□ Adđ
			□ Remove
			□ Change
			Add
	1		Remove
			Change
			Add
			Remove
			t r- ≟= □ Add
			Remove
		 .	Change
			
			☐ Remove
			Change

, .				
				
				
				
				
	<u></u>			
	·		_	
		_		
				
				
				
Effective date, if other	r than the date of filing:		(optional)	
If an effective date is listed, Note: If the date inserte	the date must be specific and cannot be d in this block does not meet the ate on the Department of State's re-	e prior to date of filing or more applicable statutory filing r	than 90 days after filing.) P	ursuant to 605.0 Il not be listed
	a delayed effective date, bur the record is filed.	ut not an effective tim	ne, at 12:01 a.m.:or	
·			.— ,** .:	3307
Dated Novem	les 28 20	17,		
	()	*	•••	2 :

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00