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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT:	Barrier IS	land Han	dyman	LLC
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	Kel	ly - Ann K Name of Person	atsaros	
	Bac	CCC J.S. / Firm/Company	ind Handy	Man LLC
	6 /2	S W. Sa Address	nWanne	eln.
		<u>a Blace</u> City/State and Zip C	ode'	32931
	E-mail address: (t	o be used for future and	and y Man	agmail Com
For further information con	ncerning this matter, please ca	ill:		
Kelly-Av Name of	n Katsaros Person	at (<u>321</u>) Area Code	505 - Daytime Tel	- 8332 ephone Number
Enclosed is a check for the	_			
☑ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing F Certified Copy (additional copy i	У	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	NG ADDRESS:		 EET/COURIER 	ADDRESS:
Division	ion Section of Corporations	Divis	stration Section sion of Corporation	ns
P.O. Box Tallahas:	: 6327 sec, FL 32314		by Building Executive Center	Circle
1 441 (\$12 (\$14)			hassee, FL 32301	CHUIC

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Barrier Island	Tandy Man LLC
(Name of the Limited Liability Company as (A Florida Limited Liability Company)	y Company) 7
The Articles of Organization for this Limited Liability Company were Florida document number <u>L17000232641</u>	filed on
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of	ompany here:
NA	
The new name must be distinguishable and contain the words "Limited Liability Co	mpany," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	FAL FAL
(Principal office address MUST BE A STREET ADDRESS)	T AR
	R AZAT
	N N X P
Part Problem (PA FOR
Enter new mailing address, if applicable:	1: 0.7
(Mailing address MAY BE A POST OFFICE BOX)	23, 35E
_	· · · >
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, enter the name of the new
Name of New Registered Agent:	
N. D. St. LOW All	
New Registered Office Address:	Enter Florida street address
	, Florida, Florida
New Registered Agent's Signature, if changing Registered Agent:	rap cone
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete perfo accept the obligations of my position as registered agent as provide	ormance of my duties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 amending or removed	Authorized Person(s) authorized to ma from our records:	anage, <u>enter th</u>	e title, name, and address of each	person being added
MGR = M AMBR = A	anager uthorized Member			
<u>Title</u>	Name	Address		Type of Action
MGR	David Tohnston	1225	N. Wichham Rd	D Add
		Apt.	421	Remove
		Melt	Dourne, FL 32939	☐ Change
				🗆 Add
				Remove
				Change
				□ Remove
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Add	EIN#	F 82-3	630459.	
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Perce	ntage	ot own	ership:	
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Will	iam D.	Johnsto	n 40%	
_ Day	id T.	Johnst	on 10%	
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	<u> </u>			P# 7:
				
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ective date, if other	, the date must be spec	cific and cannot be prior	to date of filing or more than 90	(optional) days after filing.) Pursuant to 605.02
		ent of State's records.	ible statutory thing requires	nents, this date will not be listed
rogard enocifies	a dalayed offer	tivo data but no	on official time at	13.01 a the couling
he 90th day afte			. all ellective time, at	12:01 a.m. on the earlier
ed March	1	2019		
tea <u> [61] [7]</u> \	1 11 /	<u>au 1 </u>		
	Kly - U	Te of a member or author	rized representative of a memb	er
	Oorginata		representative of a metho	·
	11 11	Ann Ko	1	

Page 3 of 3

Filing Fee: \$25.00