L17000232641

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COVER LETTER

TO:

Registration Section

Div	ision of Corporations		
CUDIEZT.	Barrier Island Handyman LLC)
SUBJECT:	Name o	f Limited Liability Company	 -
The enclosed	I Articles of Amendment and fee(s) are	e submitted for tiling.	
Please return	all correspondence concerning this m	atter to the following:	
	Kelly-Ann Katsaros		
		Name of Person	- 14 to 12:
	Barrier Island Handy	man LLC	
		Firm/Company	
	125 W Suwannee Lar		A COTTANT OF COMMAND
		Address	
	Cocoa Beach, FL		
		City/State and Zip Code	
	barrierislandhandyman		
	E-mail addr	ess: (to be used for future annual report not	ufication)
For further in	nformation concerning this matter, plea	ase call:	
Kelly-Ann k	Catsaros	321 505-8332	
	Name of Person		ne Telephone Number
Enclosed is a	a check for the following amount:		
□ \$25.00 F	Filing Fee Solution State of State		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Address: gistration Section	<u>Street Address:</u> Registration Se	ection
	vision of Corporations	Division of Co	
). Box 6327	The Centre of	
Tal	lahassee, FL 32314	2415 N. Monro	be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Barrier Island Handyman LLC		797
(Name of the Lim	ited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited I	Liability Company were filed on N	ovember 9, 2017 and assigned
Florida document number L17000232641	·	=
This amendment is submitted to amend the fol	lowing:	7: 04
A. If amending name, enter the new name of	of the limited liability company h	ere:
The new name must be distinguishable and contain the Enter new principal offices address, if applia (Principal office address MUST BE A STRE)	cable:	lesignation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u></u>	
B. If amending the registered agent and/or agent and/or the new registered office addre		ecords, enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	104 Atlantic Blvd	
	Enter Flo	rida street address
	Indian Harbour Beach	Florida 32937
	Спу	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>	Address	Type of Action
AMBR	David Johnston	2425 Golf Lake Circle Unit 511	□Add
		Melbourne, FL 32935	=,,
			□ Change
			□Remove
			[] Change
			□Add
			□Remove
			□Change
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			☐ Change
			□Add
			Remove
			□Change
	<u> </u>		□Add
			□Remove
			□ Change

	Kelly-Ann Katsaros - 51%	***************************************
	William Johnston - 49%	
	Withdra Johnston - 4976	
		
		· · · · · · · · · · · · · · · · · · ·
Not	ective date, if other than the effective date is listed, the date muster: If the date inserted in this blument's effective date on the De	date of filing:
f the received is		e date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	July 6 ed	2020
Date		