## L17000234099

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
|   |
| (Address)                               |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
|   |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |

Office Use Only



900352380489

09/28/20--01021--008 \*+25.00





## **COVER LETTER**

| TO: Registration Section of Corp. |  |   |                     |  |                    |
|-----------------------------------|--|---|---------------------|--|--------------------|
| suвјест: <u>52001</u>             | s fencing L                                  |   |                     |  |                    |
|                                   |  | ited Liability Company  |                     |  |                    |
|                                   |  |   |                     |  |                    |
| The enclosed Articles of A        | mendment and fee(s) are sub                  | mitted for filing.  |                     |  |                    |
| Please return all correspond      | dence concerning this matter                 | to the following:   |                     |  |                    |
|                                   | Mike Spears                                  | Name of Person  |                     |  |                    |
|                                   | Splars Fencino                               | ^   |                     |  |                    |
|                                   | 4568 Barbodi                                 | OS LOSO<br>Address  |                     |  |                    |
|                                   | Cleimont, FL                                 | 34711<br>City/State and Zip Code                                    | <u></u>             | <i>U</i>   | <u>ي</u><br>ت      |
|                                   | E-mail address: (                            | to be used for future annual report not                             | ification)          | STATES OF SELECTION SELECT | <br>               |
| For further information cor       | ncerning this matter, please c               | all:  |                     |  | ชี<br>(ว.<br>(ว. ) |
| Mike Sacis                        | >  | at (407 ) 487-9   | 1361                |  | ٦                  |
| Name of I                         | Person                                       | Area Code Daytin  | ne Telephone Number |  | ન<br>ઝુડ           |
| Enclosed is a check for the       | following amount:                            |   |                     | ·  |                    |
| XL\$25.00 Filing Fee              | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified           | e of Status &  |                    |
| Mailing Address:                  |  | Street Address:   |                     |  |                    |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Compar<br>(A Florida Limited L               | ny as it now appears on our records.)<br>iability Company) |             |                   |                     |
|---|--|-------------|-------------------|---------------------|
| The Articles of Organization for this Limited Liability Company             | were filed on  | a           | nd ass            | igned               |
| Florida document number   |  |             |                   |                     |
| This amendment is submitted to amend the following:                         |  |             |                   |                     |
| A. If amending name, enter the new name of the limited liabi                | lity company here:   |             |                   |                     |
| Spears Handyman LLC   |  |             |                   |                     |
| The new name must be distinguishable and contain the words "Limited Liabili | ty Company," the designation "LLC" or the                  | ne abbrevia | tion "L.          | L.C.''              |
| Enter new principal offices address, if applicable:                         |  |             |                   |                     |
| (Principal office address MUST BE A STREET ADDRESS)                         |  |             |                   |                     |
|   |  | £11         | 2002              |                     |
|   |  |             | 33 B              | 1.500               |
| Enter new mailing address, if applicable:                                   |  |             | <del>- [5</del> - | ڊب<br><u>دني</u> ،  |
| (Mailing address MAY BE A POST OFFICE BOX)                                  |  |             | <del>رب</del>     | • • •               |
|   | <del></del>  | , 1         | ====              |                     |
| B. If amending the registered agent and/or registered office a              | ddress on our records, enter the r                         | same of t   | ా:<br>త           | , register <i>i</i> |
| agent and/or the new registered office address here:                        | daress on our records, <u>enter the r</u>                  |             | · .               | register            |
| Name of New Registered Agent:   | ······································                     |             |                   | <del>.</del>        |
| New Registered Office Address:  |  |             |                   |                     |
|   | Enter Florida street address                               |             |                   |                     |
|   | , Florida  | ı <u></u>   | Code              |                     |
|   | 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

| Title        | Name     | Address | Type of Action  |
|--------------|----------|---------|-----------------|
|              |          |         | □Add            |
|              |          |         | □Remove         |
|              |          |         |                 |
|              | <u> </u> |         | □Add            |
|              |          |         | □Remove         |
|              |          |         | □Change         |
| <del></del>  |          |         | □Add            |
|              |          |         | □Remove         |
|              |          |         | 2020 CRange     |
|              |          |         |                 |
|              |          |         | ☐ Remove        |
|              |          |         | □Change         |
| <del> </del> |          |         | □Add            |
|              |          |         | П <b>ет</b> юче |
|              |          |         | □Change         |
|              |          |         | □Add            |
|              |          |         | □Remove         |
|              |          |         | □Change         |

|   | ·   |   |
|---|---|---|
|   |   | 20  |
|   |   | ZO SEP  |
|   |   | 2 2 8   |
|   |   | <u>B</u> P!   |
|   |   |   |
|   |   | <u> </u>  |
|   |   | <del></del>   |
| Tective date, if other than the date of filing:  In effective date is listed, the date must be specific and cannot be prior to date of the date inserted in this block does not meet the applicable state becament's effective date on the Department of State's records. | of filing or more than 90 da<br>tutory filing requireme | _ <b>(optional)</b><br>ays after filing.) Pursuant to 605.07<br>nts, this date will not be listed |
| record specifies a delayed effective date, but not an effective time, at 1  | 2:01 a.m. on the earlie                                 | er of: (b) The 90th day after t   |
| is filed.   |   |   |
| ated SEPTEMBER 22, 2020   |   |   |