

L17000242120

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

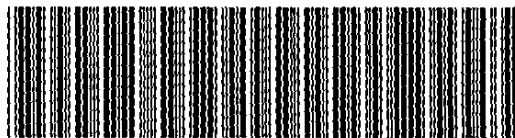
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2018 FEB 12 A 8 35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 22, 2018

WILLIE MADERA 2ND REQUEST  
2705 S ATLANTIC AVE  
NEW SMYRNA BEACH, FL 32169

SUBJECT: FATHER & SON'S HANDYMAN SERVICES, LLC  
Ref. Number: L17000242120

We have received your document for FATHER & SON'S 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) 245-6051.

Dionne M Pijaux  
Regulatory Specialist

Letter Number: 418A00000311

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SECRETARY OF STATE  
ALLAH ROSE, FLORIDA

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RECEIVED

FEB 12 2018

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Father & Son's Handyman Services

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on November 27, 2017 and assigned  
Florida document number L17000242120.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2705 S ATLANTIC AVE  
NEW SMYRNA FL  
32169

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2705 S ATLANTIC AVE  
NEW SMYRNA FL  
32169

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

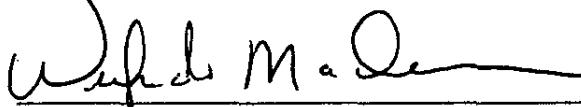
Wilfredo MADERA

New Registered Office Address:

2705 S ATLANTIC AVE NEW SMYRNA FL  
Enter Florida street address  
NEW SMYRNA, 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

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>	<u>Type of Action</u>
MGR	Willie Madera	2705 South Atlantic Avenue, NSB,	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Wilfredo Madera	2705 South ATLANTIC Ave	<input checked="" type="checkbox"/> Add
		NSB	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

EIN - My Ref,

Num - L17000242120

Employer ID# 82-3638425 (IRS)

Requesting To be added: MGR  
To Wilfredo G. Madera

E. Effective date, if other than the date of filing: November 27, 2017 (optional)  
(If an effective 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 605.0307 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated December 20, 2017

Wilfredo Madera (Wilfredo Madera)  
Signature of a member or authorized representative of a member

Willie Madera

Willie Madera

Typed or printed name of signer