118000005879

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 17, 2020

D&C PRO HANDYMAN, LLC ELIAS E. DAGHER, SR 10201 FALCON MOSS LANE, APT. 104 ORLANDO, FL 32832

SUBJECT: D&C PRO HANDYMAN, L.L.C.

Ref. Number: L18000005879

We have received your document for D&C PRO HANDYMAN, L.L.C. and check(s) totaling \$25.00. However, your check(s) and document are being returned for the following:

The current name of the entity is as referenced above. Please correct your document accordingly.

PLEASE INCLUDE THE DATE IN WHICH THE ARTICLES OF ORGANIZATION WERE FILED. THIS DATE IS 01/08/2018.

The document must be signed by a member or an authorized representative of a member.

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) 245-6050.

Darlene Connell Regulatory Specialist II Supervisor

Letter Number: 320A00023153

www.sunbiz.org

District of Commentions D.O. DOV 0207 Mellolance District 2001



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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 2, 2020

D&C PRO HANDYMAN, LLC ELIAS E. DAGHER, SR 10201 FALCON MOSS LANE, APT. 104 ORLANDO, FL 32832

SUBJECT: D&C PRO HANDYMAN, L.L.C. Ref. Number: L18000005879

Upon receipt of your letter and/or check(s) totaling \$25.00, no document was found. Please send your document with any fees due to:

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

Please return a copy of this letter to ensure your money is properly credited.

We received this check with no attachments. To prevent delays in filing and improper application of fees, please return the check together with the appropriate document for processing.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6050.

Letter Number: 520A00021818

Darlene Connell
Regulatory Specialist II Supervisor

www.sunbiz.org

COVÉR LETTER

	egistration Se evision of Cor						
SUBJECT		HANDYMAN, LLC					
SUBJECT		Name of Lin	nited Liability Company				
The enclose	ed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please retur	n all correspo	ondence concerning this matter	to the following:				
		ABOU DAGHER, ELIAS	F., SR.				
	Name of Person						
		D&C PRO HANDYMAN, LLC					
			Firm/Company				
		10201 FALCON MOSS LANE APT 104					
		Address					
		ORLANDO, FL 32832					
	City/State and Zip Code						
	dcprohandyman@hotmail.com						
		E-mail address: (to be used for future annual report no	otification)			
For further	information c	oncerning this matter, please c	all:				
ELIAS AB	OU DAGHE	R YATIM	407 4069522 at ()				
-	Name o	l'Person	Area Code Dayti	ime Telephone Number			
Enclosed is	a check for th	e following amount:					
		\$30.00 Filing Fee &	Dission with the se	C \$40.00 CT			
K 323.00	r mag r ce	Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	iling Address		Street Address:				
	gistration S		Registration S				
	vision of Co D. Box 632	orporations 7	Division of Co				
11.3	シモロロス ひろる	<i>I</i>	The Centre of	rananassee			

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Li</u> (A FI	ability Compa orida Limited	any as it now appears on our i	records.)		
The Articles of Organization for this Limited Liabili				and assig	gned
Florida document number L18000005879	·				
This amendment is submitted to amend the following	g:				
A. If amending name, enter the new name of the	limited liab	ility company here:			
N/A					
he new name must be distinguishable and contain the words.	Limited Liabi	lity Company," the designation	"LLC" or the abbi	reviation "L.L.	_
Enter new principal offices address, if applicable:	:	N/A	20,00	2	Ç
Principal office address MUST BE A STREET AI	DDRESS)	N/A		020	_
		N/A	লি নি সংগ্ৰ	NOV .	_1 1
			(1) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	30	
Enter new mailing address, if applicable:		N/A		. סד	
<u>Mailing address MAY BE A POST OFFICE BOX</u>	2	N/A		Æ	
				2	
				•-	
 If amending the registered agent and/or regist agent and/or the new registered office address her 	ered office a	address on our records, g	enter the name	of the new	regi
gent and/or the new registered office address ner	<u>re</u> :				
Name of New Registered Agent: EL	.IAS ABOU	DAGHER YATIM			
New Registered Office Address: 10	201 FALCO	N MOSS LANE APT 104			
		Enter Florida street c	uldress		
<u>O</u> F	RLANDO		, Florida ³²⁸³	2	
		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>	Name	<u>Address</u>	Type of Action
MGRM	ELIAS ABOU DAGHER YATIM	10201 FALCON MOSS LANE104	□Add
		ORLANDO FL 32832	□ Remove
			≡ Change
	N/A		□Add
			□Remove
			□Change
	N/A		□Add
			□Remove
			□ Change
	N/A		□Add
			□ Remove
			□Change
	N/A		
			□Remove
			Change
	N/A		□Add
			□Remove

N/A
01/08/2018
tive date, if other than the date of filing:
If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed nent's effective date on the Department of State's records.
rd 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
iled.
11.02.0000
11/23/2020
Signature of a member or authorized representative of a member

Filing Fee: \$25.00