180000042527

(Re	equestor's Name)	1333
(Ad	dress)	
(Ad	ldress)	
(Cit	ry/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	·	

Office Use Only



100309773741

03/05/18--01018--021 **25.00

RELARY OF STATE

O SIMMONS

1-673

COVER LETTER

Division of Corporations
SUBJECT: Inside Out Handyman Service, LLC Name of Limited Limited Limited Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Richard A. Chakrin Name of Person
Inside Out Handyman Service, LLC
6507 4/15t Court East Address
Sara Sota F1 34243 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rame of Person at (941) 957 - 8459 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$\text{Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\Bigcup \$\text{\$Certified Copy}\$\$ (additional copy is enclosed)

MAILING ADDRESS:

OT

Registration Section

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Inside Out Hand	yman Service, LLC
(Name of the Limited Liability Compan (A Florida Limited Li	as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company of Florida document number 41800042527.	were filed on $\frac{2/16/18}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabilit Enter new principal offices address, if applicable:	ty Company," the designation "LLC" or the attriviation "L.L.C."
(Principal office address MUST BE A STREET ADDRESS)	m do the
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	LORDA DE SE
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, 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 **Title Address Type of Action** <u>Name</u> MGR Victor A. DeAngelo 6507 4/3+ Court East Add Sorosota, Fl 34243 □ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Remove ☐ Change □ Add ☐ Remove _ Change _□ Add □ Remove

☐ Change

							6	
							\$	
					<u>.</u>		6	
					-	THE R	-	
	 						- 40	4
				·	·	20	1 1 1 1 1 1 1 1 1 1	ا معند
						S	50 dr 1	1
						i.	4 星	
						(Se Se Se	
							200	•
	·							
	W	*****						
								
ffective date, if other than an effective date is listed, the date Note: If the date inserted in this locument's effective date on the	must be specific and is block does not to	d cannot be promeet the app	rior to date of olicable stat	filing or more th atory filing req	an 90 days af	etional) fer filing.) P his date wi	ursuant to 605.	.0207 (:d as t
e record specifies a dela The 90th day after the i	record is filed.	,		fective time,	, at 12:01	l a.m. on	the earlie	r of:
Pated MARCH	1st	, 201	8.					
-	1				_			
	Signature of a	member or a	uthorized rep	resentative of a r	nember	<u> </u>		
~	chard A.	د د س						

Page 3 of 3

Filing Fee: \$25.00