

L18 000119340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

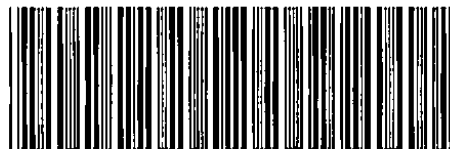
(Business Entity Name)

(Document Number)

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SE  
TALLAHASSEE, FL

OCT 02 2019

C Kinsey

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** handyman 25 services company llc

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dixon Biaggi

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

9000 Royal Palm Blvd apt E-310

\_\_\_\_\_  
Address

Coral Springs FL 33065

\_\_\_\_\_  
City/State and Zip Code

dibiaggi37@hotmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dixon Biaggi

954

515 9070

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee  
Certificate of Sta  
Certified Copy  
(additional copy is en

**MAILING ADDRESS:**  
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

TO  
ARTICLES OF ORGANIZATION  
OF

handyman 25 services company llc

(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 Article I

Florida document number L18000119340

This amendment is submitted to amend the following:

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

Biaggi llc

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbrev

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the 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

**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 provisions of all statutes relative to the proper and complete performance of my duties, and I am famil accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if th being filed to merely reflect a change in the registered office address, I hereby confirm that the limited company has been notified in writing of this change.*

\_\_\_\_\_  
If Changing Registered Agent, Signature of New Register

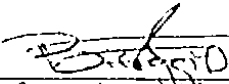


Lined area for text entry.

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(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.) Pursu  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not  
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  
(b) The 90th day after the record is filed.

Dated \_\_\_\_\_, \_\_\_\_\_.



Signature of a member or authorized representative of a member

Dixon Biaggi

Typed or printed name of signee