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(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

	of Corporations
MUS: SUBJECT:	SELMAN HANDYMAN SERVICES "LLC"
300,7201.	Name of Limited Liability Company
The enclosed Articl	les of Amendment and fee(s) are submitted for filing.
Please return all cor	prespondence concerning this matter to the following:
	KENNETH W MUSSLEMAN III
	Name of Person
	Firm/Company
	3067 BUCKEYE POINT DR
	Address
	WINTER HAVEN, FL 33881
	City/State and Zip Code kennymuss@aol.com
	E-mail address: (to be used for future annual report notification)
For further informa	ation concerning this matter, please call:
Kenneth Musselma	at ()
N'	Same of Person Area Code Daytime Telephone Number
Enclosed is a check	k for the following amount:
■ \$25.00 Filing F	Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) .iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000149714</u> .	were filed on 06/18/2018	and assigned
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 "I 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 name registered agent and/or the new registered office address here: Name of New Registered Agent:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3067 BUCKEYE POINT DR	
	WINTER HAVEN, FL 33881	91VIS
Enter new mailing address, if applicable:) 100 100
Mailing address MAY BE A POST OFFICE BOX)		
	_	T de la constant de l
registered agent and/or the new registered office address her		er the name of the
Nay Paristand Office Address:		
New Registered Office Address:	Enter Florida street address	
New Registered Office Address:	Enter Florida street address , Florida	Zıp Code

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>	Address	Type of Action
MGR	KENNETH W MUSSELMAN III	3067 BUCKEYE POINT DR. WIS	Add
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fective date	e, if other than the of it is listed, the date must	date of filing:				_ (optional)		
an effective da <u>ote:</u> If the d	te is listed, the date must ate inserted in this blo	be specific and c ock does not me	cannot be prior t eet the applica	o date of filing ble statutory i	or more than 90 c filing requireme	lays after filing.) ents, this date v	Pursuant vill not b	to 605.0. e listed
ocument's ef	fective date on the De	partment of Sta	ate's records.					
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Typed or printed name of signee

Filing Fee: \$25.00