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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

	Name of Limi	ited Liability Company		
			日 日 三	
	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Alfred Johnson		2019 HAR 18 AND THE STATE OF TH	
		Name of Person		
	The Handyman Corps, LLC	C.		
	Firm/Company			
	3303 North Morgan Street			
	Address			
	Tampa, Florida, 33603			
	City/State and Zip Code			
	alfredjohnson89@yahoo.com	m to be used for future annual report notifi		
For forther information of	oncerning this matter, please ca	·	cation)	
	oncerning this matter, please ea			
Alfred Johnson		at ()		
Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed is a check for the	ne 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 Status & Certified Copy (additional copy is enclosed)	
Registr	ING ADDRESS: ration Section on of Corporations	STREET/COURIE Registration Section Division of Corpora	1	

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FAMA Handyman Corps, LLC.

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

	ing s
The Articles of Organization for this Limited Liability Company were filed on July 2, 2018	and assigned
Florida document number L18000160550	
This amendment is submitted to amend the following:	و.
A. If amending name, enter the new name of the limited liability company here:	
The Handyman Corps, LLC.	
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)	
-	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records	s, enter the name of the
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records	s, enter the name of the
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records registered agent and/or the new registered office address here:	s, <u>enter the name of the</u>
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records	s, enter the name of the
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records registered agent and/or the new registered office address here: Name of New Registered Agent:	
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	

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>	Address	Type of Action
		.	Add
			Remove
		-	Change
			Add
			□ Remove
			Change
			□ Remove
			☐ Change
		Remove	
		Change	
		Add	
		□ Remove	
		Change	
		Add	
		□ Remove	

	<u> </u>
(If an e <u>Note</u>	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
Dated	1 March 14 2019

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00