L18000217230

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Amend Cus

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COVER LETTER

TO:	Registration Se Division of Cor				
CUDI	Nailed It Ha	andyman Services LLC			
SUBJ	ECT:	Name of Lim	ited Liability Company		
The er	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
		Joseph D'Amico			
			Name of Person		·- <u>-</u>
		Nailed Handyman Services	LLC		
			Firm/Company		
		336 Pelican Bay Drive			
			Address		
		Santa Rosa Beach, Florida	. 32459		
			City/State and Zip Code		
		Joeydamico77@gmail.com			
		E-mail address: (to be used for future annual repo	rt notification)	
For fu	rther information c	oncerning this matter, please ca	all:		
Joseph	n D'Amico		702 575.33.	38	
	Name o	f Person	at () Area Code D	Daytime Telephor	e Number
Enclos	sed is a check for th	ne following amount:			
□ \$ 2	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)

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nailed It Handyman Services LLC				
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on o led Liability Company)	ur records.)		
	any were filed on $\frac{9/12/18}{}$	and as	and assigned	
(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 9/12/18 and assigned Florida document number 1.18000217230 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailling address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new regist agent and/or the new registered office address here: Name of New Registered Agent:				
he new name must be distinguishable and contain the words "Limited Li	iability Company," the designat	ion "LLC" or the abbreviation "L	L.C."	
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS	<u> </u>	2021		
			7	
		225 P		
Enter new mailing address, if applicable:			, , ,	
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		: "&		
	ce address on our record	s, <u>enter the name of the ne</u>	<u>w regist</u>	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida str	vet 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Kyle Manners	498 Symphony Way	□Add
		Freeport, FL. 32439	■Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
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		·	□Change
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		1 <u></u>	□Remove
		 .	□Change
			□Add
			□Remove
			□Change

_	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
Effective t'an effecti Note: If t document e record s rd is filed.		
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an effe <u>ote:</u> I	ve date, if other than the date of filing:	6.0207 ed as t
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after ed.	r the
nted⊊	JANUARY 15th 2020	
	Touch to	
	Signature of (member or authorized representative of a member	

Typed or printed name of signee