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R. WHITE

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: THE Handyman Services LC 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:
John H Coult Name of Person
JHC. Handyman SPYVICES LLC Firm/Company
3134 SE Blackwell Drive
Port Saint Lucie, Fl. 34952  City/State and Zip Code  John Coule 321040 amoul - Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (SO) 350-3098  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Status Status Solution Status Solution Status Solution Status Solution Status Solution Status Status Solution Statu

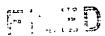
#### MAILING ADDRESS:

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



THE Handyman Sevulus Lability Company as it now appears on our records.) (Name of the Inmited Liability Company)  (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 11/8/2018 and assigned Florida document number (1800201708).
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 "L.L.C."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent:  New Registered Office Address:
Enter Florida street address
City Florida 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 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
AMBR	John H Cagle	3134 Sé Blackwell Drive Portst Witz, FLY96	<b>X</b> (Add
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t an et <mark>Note:</mark>	ive date, if other than the date of filing: May (optional) (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020' If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o 90th day after the record is filed.
)ated	Jely H Cagh
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00