

L19 0000 40266

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

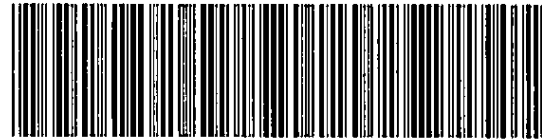
(Business Entity Name)

(Document Number)

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PAID AVAILABILITY FUND

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JUN 20 2019

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Empire Handyman Services 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:

Victoria Moore  
Name of Person

Firm/Company

2909 Garden Ter Ne  
Address

Palm Bay FL 32905  
City/State and Zip Code

Vicky moore 82@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Victoria Moore at (321) 914-4105  
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 Status &  
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

Empire Handyman Services LLC

Page 1 of 3

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

Title	Name	Address	Type of Action
AMBR	Heath Moore	2909 Garden Ter Ne	<input type="checkbox"/> Add
		Palm Bay FL 32905	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	Victoria Moore	2909 Garden Ter Ne	<input type="checkbox"/> Add
		Palm Bay FL 32905	<input type="checkbox"/> Remove
		Change AR to AMBR	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2019 JUN -3 AM 12:06  
SECRETARY OF DEFENSE  
TALLAHASSEE, FL 32304

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RECEIVED  
TALLAHASSEE, FL 32301

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated May 30<sup>th</sup> 2019

Victoria Mane  
Signature of a member of author

Signature of a member or authorized representative of a member

Victoria Moore

Typed or printed name of signee