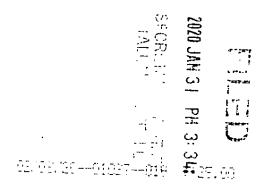
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## **COVER LETTER**

Registration Section
Division of Corporations

TO:

Linos Prop	perties LLC		
30BJEC1	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Samantha N Warner Lino		
		Name of Person	<del></del>
	Name of Person		
		Firm/Company	·
	13605 Mere View Dr		ytime Telephone Number  \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  SE Section Corporations of Tallahassee nroe Street, Suite 810
	<del></del>	Address	
	Odessa FL 33556		
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
	samanthanicholelino@gma	il.com	
	E-mail address: (	to be used for future annual report noti	fication)
For further information	concerning this matter, please c	all:	•
Samantha Lino		-:	
Name (	of Person		e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Addre Registration Division of O P.O. Box 633 Tallahassee,	Section Corporations 27	Registration Sec Division of Cor The Centre of T 2415 N. Monro	porations 'allahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Linos Properties LLC				
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company	were filed on February 26, 2019		and assi	igned
Florida document number L19000055750				
This amendment is submitted to amend the following:		938	2020 JAH	
A. If amending name, enter the new name of the limited lia	bility company here:	色を	J.	# 1451
Handyman For The Job LLC		3.	ယ	 ********
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" o	r the abbrev		L.C.
Enter new principal offices address, if applicable:		<u> </u>	PH →3	-
Principal office address MUST BE A STREET ADDRESS)		<u> </u>	<u> </u>	
		Fi	+-	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of	the nev	v regis
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
		• •		
	, Flori		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
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		<del></del>	□Remove
			Add 2020
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(If an effective date is lis Note: If the date ins	ther than the date of filing:  tted, the date must be specific and cannot be prior to date of filing or serted in this block does not meet the applicable statutory file date on the Department of State's records.	(optional) more than 90 days after filing.) Pursuant to 6 ling requirements, this date will not be li	 -05.0207 (. isted as tl
ne record specifies a d ord is filed.	clayed effective date, but not an effective time, at 12:01 a.m	n. on the earlier of: (b) The 90th day at	fter the
Dated <u>MNU</u>	ary 30, 2020		

Typed or printed name of signee