

L 19000058231

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

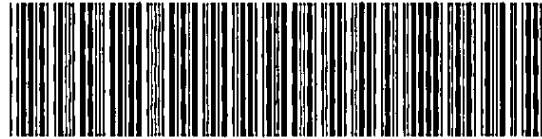
(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2020 JUN 17 PM 12:00
TALLAHASSEE, FL

all
6/20/20



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 19, 2020

GUYNO LEXINE
PO BOX 812
FORT PIERCE, FL 34954

SUBJECT: ALEX CABLE SERVICES LLC
Ref. Number: L19000058231

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a FOREIGN NOT FOR PROFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Moore
Regulatory Specialist II

Letter Number: 020A00010052

RECEIVED
JUN 17 2020

RECEIVED
JUN 17 2020

H-29-2020

To Whom It May Concern

I - Guy no lexine I send this form
to change the Name of an Existing
Business name "Alex Cable Services LLC

TO Alexhandyman & Lawn Services. I Enclosed
a check for the applicable fees. if you have
any questions or concern please don't hesitate
to reach me @ 772 626 8222
Alexhandyman27@gmail.com

P.O Box 812
Fort Pierce FLA 34954

Guy no lexine



2020/11/17 - 1 AM 8:06

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Alex Handyman & Lawn Services
Name of Corporation

DOCUMENT NUMBER: _____

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Guy WO Lexine
Name of Contact Person

Alex handyman & LAWN Services
Firm/Company

P.O. Box 812
Address

Fort Pierce FL 34954
City/State and Zip Code

Alexhandyman27@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Guy Lexine at (772) 227-0443
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35.00 Filing Fee

☒ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is
enclosed)

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment 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

2020 JUN 17 PM 12:00

Alex cable services LLC

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

Articles of Organization for this Limited Liability Company were filed on 2/28/2019 and assigned
Florida document number L19000058231

This amendment is submitted to amend the following:

If amending name, enter the new name of the limited liability company here:

Alex handyman & Lawn Services LLC

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)

5602 Kingsley Dr
Fort Pierce FL 34946

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 812
Fort Pierce FL, 34954

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

Florida

City

Zip Code

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

<u>Id</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

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.

Filing Fee: \$25.00