## 11900000 98-740

(Re	questor's Name)	
(Ad	dress)	
`	,	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
(0	.,,	,
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
		i

Office Use Only



000331578350

07/17/19---01012--007 \*+55.00

19 JUL 17 AH (2: 17)

JUL 2 5 2019

## **COVER LETTER**

Divisio	n of Corporations				
SUBJECT:	HALIFAX	HANDYN	JAN LL	C	
	Division of Corporations  SECT: HALIFAX HANDYMAN LLC  Name of Limited Liability Company  enclosed Articles of Amendment and fee(s) are submitted for filing.  SECT: HASCH  SECT: HASCH  Name of Person  HALIFAX HANDYMAN LLC  Firm/Company  324 Jane Ann ST.  Address  Address  Address  Address  Address  Firmal address (to be used for future annual report notification)  further information concerning this matter, please call:  Gina Perri Hesch  Name of Person  Area Code  Baytine Telephone Number  [Sectificate of Status  Certificate of Status  Certificate of Status  Certificate of Status  Certificate Copy  Certificate Copy				
The enclosed Ar	ticles of Amendment an	d fee(s) are submit	ted for filing.		
Please return all	correspondence concerr	ing this matter to t	the following:		
		St	PUC R.	Hesc H	
		HAUFA	X HANG Firm/Company	)YMAN	LLC
		ibrt or shhalifa	City/State and Zip Coc X Hand Y 1	<u>l</u> 321. nan. (0	27 M
			e used for future annu	al report notification	on)
For further infor	mation concerning this a	natter, please call:			
<u>Gin</u>	Name of Person	HESCH .	at ( <u>505</u> ) Area Code	709 80 Daytime Tele	phone Number
Enclosed is a che	eck for the following am	ount:			
□ \$25.00 Filin	g Fee <b>ES</b> 30.00 Fi Certific	ling Fee & ite of Status	Certified Copy		_

MAILING ADDRESS:

TO:

Registration Section

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

HALIFAX HANDYMAN  (Name of the Limited Liability Compa) (A Florida Limited L	LLC	ors on our records.)	
(A Florida Limited L	iability Company)	as on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 19 0 00 098 7 4 0</u> .  This amendment is submitted to amend the following:	were filed on _	<u>4/9/2019</u>	and assigned
A. If amending name, enter the new name of the limited liabi	ility company h	ioro*	
A. If affecting name, enter the new name of the indiced name	into Company u	icic.	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the	designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)	Same	334 Jan-	e ann ST.
		Port Oran	g FC 32127
Enter now mailing address if applicables			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	-		
William aburess MAT BLATOST OFFICE BON	<del></del>		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:		n our records, <u>entc</u>	er the name of the new
New Registered Office Address:			16. 18. 19.
	Enter Flo	orida street address	Sane arm ST.  Yang FL 32127  s, enter the name of the new state of the new
<del></del>	City	гюгиа _	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			77 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance operovided for in	f my duties, and 1 an Chapter 605, F.S. ()	n familiar with and or, if this document is
If Chan	nging Registered A	gent, Signature of New	Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being a or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AR_	GINA M. Stevens	324 Jane ann St	□ Add
		Port orange Fl 32127	Kemove
			Change
M6R	Steve R. Hesch	324 Jane Ann ST	Add
		Port Orange FL 32127	□ Remove
			Change
	<del></del>		Add
			□ Remove
			Change
			□ Add
			_□ Remove
			□ Change
			🗆 Add
			□ Remove
			🗆 Change
			O Add
			_ 🗆 Remove
			☐ Change

E. Effective date, if other than (If an effective date is listed, the da Note: If the date inserted in t document's effective date on the first of the specifies a del (b) The 90th day after the Dated		
_		
_		
-		
Note: If	e date, if other than the date of filing:	.0207 ( ed as t
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed.	er of:
Dated	July 8, 2019	
	Lite R 201	
_	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00