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DEVISION OF CORE ORATIONS TALLAHASSEE TH ORIDA

JUN 14 2013

M. SOLOMON

### **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: Handyman Pro 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:					
James Morris Name of Person					
Firm/Company					
354 Billfish Ave # 207					
City/State and Zip Code  Siminoris 56 @ Jahoo.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 4) 301-5217  Area Code Daytime Telephone Number					
Name of Person Area Code Daytime Telephone Number					
Enclosed is a check for the following amount:					
25.00 Filing Fee Solution Solu					

#### 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

Handyman Pro Services LLC

(A Florida Limited L	hability Company)	our records.
The Articles of Organization for this Limited Liability Company Florida document number	were filed on <u>NC</u>	M 2, 2019 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil  Sophisticated Living, LLC  The new name must be distinguishable and contain the words Limited Liabil		nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		A 57.
		± 1 €
Enter new mailing address, if applicable:		स्ति ना क्या क्या क्या क्या क्या क्या क्या क्य
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		25 P
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		r records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	
		, Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my provided for in Cha <sub>l</sub>	duties, and I am familiar with and pter 605, F.S. Or, if this document is

company has been notified in writing of this change.

If Changing Registered Agent. Signature of New Registered Agent

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\_□ 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			
			Add			
			☐ Remove			
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Page 3 of 3

Filing Fee: \$25.00