

L19000 194 946

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

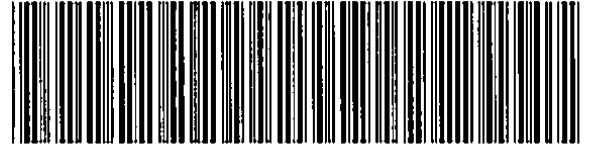
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/19/13--01026--027 **60.00

FILED
2019 SEP -5 PM 4:12
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 26, 2019

KUZ A RAUZ
448 EMERALD COVE LOOP
LAKELAND, FL 33813

SUBJECT: MR. HANDYMAN ALL-PRO CONSTRUCTION LLC
Ref. Number: L19000194946

We have received your document for MR. HANDYMAN ALL-PRO CONSTRUCTION LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

MRS IS NOT A CORRECT TITLE.

MRS IS NOT A CORRECT TITLE.

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.

Catherine M Wood
Regulatory Specialist II

Letter Number: 919A00017619.

2019 SEP -5 PM 12:08

REC'D

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mr. Handyman All-Pro Construction 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:

Luz A. Aranz
Name of Person

Mr. Handyman All-Pro Construction LLC
Firm/Company

448 Emerald Cove Loop Lakeland, FL
Address

Lakeland, Florida 33813
City/State and Zip Code

luisito.martinez2806@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Luis Martinez at (973) 360-4557
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Mr. Handyman ALL-PRO Construction LLC

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

2019 SEP - 5 PM 4:12

The Articles of Organization for this Limited Liability Company were filed on 7-30-2019 and assigned

Florida document number L19000194946

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviat "L I

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Current - 448 Emerald Cove Loop

Lakeland, FL 33813 PE

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Current - 448 Emerald Cove Loop

Lakeland, Florida 33813

B. If amending the registered agent and/or registered office address on our records, enter the name of the n
registered agent and/or the new registered office address here:

Name of New Registered Agent:

Luis E. Martinez

New Registered Office Address:

448 Emerald Cove Loop

Enter Florida street address

Lakeland

City

Florida

33813

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 t
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.

Luis E. Martinez

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Luz A. Arauz <i>Luz Arauz</i>	448 Emerald Cove Loop Lakeland FL 33813 add her as MGR.	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Presi	Luis E. Martinez <i>Luis E. Martinez</i>	448 Emerald Cove Loop Lakeland FL 33813	<input checked="" 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
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

We are requesting a copy of "Certificate of Status,
Certified Copy, and Filing Fee. Check is enclosed
to pay all of that.

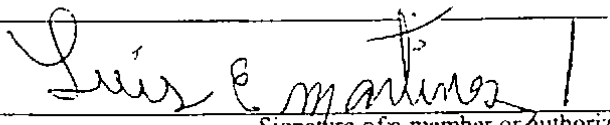
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(f)

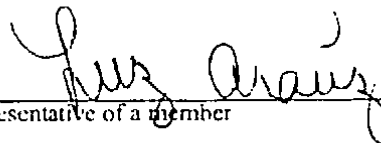
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated _____



Signature of a member or authorized representative of a member



LUIS E. MARTINEZ

LUZ ARANZ

Typed or printed name of signee