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## **COVER LETTER**

Division of Corpo			
SUBJECT: Mid	Name of Lim	tandyman an an ited Liability Company	12 Cleaning Service
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	•
	Rose O	Name of Rotson	
	Mid-Da	Firm/Company	an and Cleaning Serving LLY
	2251 W	yndham Pali	ns Way
	Kissimmer	City/State and Zip Code	<del></del>
	Midda Kata	wo nayn land un to be used for future annual report flotif	nail. Con
For further information cor	cerning this matter, please ca	all:	
Rose Gel	GOIY	at (321) 401- Area Code Daytime	Y570 Telephone Number
Enclosed is a check for the	following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$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 Address: Registration 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

Mil - Dakota Handyman (Name of the Limited Liability Gompany (A Florida Limited Liab	as it now appears on our records
The Articles of Organization for this Limited Liability Company we Florida document number <u>L2000</u> 143 780	ere filed on 5/27/2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	y company here:
The new name must be distinguishable and contain the words "Limited Liability  Enter new principal offices address, if applicable:	Company," the designation "LLC" or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDRESS)	
Trincipal office address MOST BE A STREET ADDRESS	<u> </u>
Enter new mailing address, if applicable:	74.0
(Mailing address MAY BE A POST OFFICE BOX)	50
B. If amending the registered agent and/or registered office add agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	lress on our records, enter the name of the new registered  Enter Florida street address

### 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.

City

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>	Name	Address	Type of Action
AMBR	Cory R Gregory	2251 Wyndham Palas	Way DiAdd
		2251 Wyndham Palas Kissimme, FL 3474	7 ☐ Remove
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Fffecti	ve date, if other than the date of filing: (optional)
lf an eff <u>Note:</u>	ve date, if other than the date of filing:
e recore	d 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
Dated	6-10-2020
	1 (u / 1 )
	Signature of a member or authorized representative of a member  Rose A. Gogg  Typed or brinted pame of signee