

L20000 172 732

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

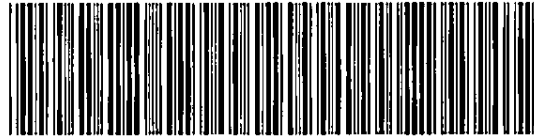
(Document Number)

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Special Instructions to Filing Officer:

A. Travaglini  
15600 Fern Dr.  
FL 33308

Office Use Only



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JUL 23 2020

2020 SEP 28 PM 6:29

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U.S. DEPT. OF COMMERCE  
FEDERAL RESERVE BANK  
ATLANTA, GA 30333

SEP 28 2020

S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 11, 2020

ALBERTO D TRAVAGLIANTI  
ADT HANDYMAN LLC  
15600 FERN DRIVE  
FORT MYERS, FL 33908

SUBJECT: ADT HANDYMAN LLC  
Ref. Number: L20000172732

We have received your document for ADT HANDYMAN LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN, but your entity is a FLORIDA. Please complete and return the enclosed blank form(s).

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.

Shelia S Young  
Regulatory Specialist II

Letter Number: 620A00017313

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

ADT HANDY man LLC.

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

The Articles of Organization for this Limited Liability Company were filed on 6/22/2020 and assigned  
Florida document number C20000172732

This amendment is submitted to amend the following:

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

ADT Construction Services LLC.

The 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. 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*

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.*


If Changing Registered Agent, Signature of New Registered Agent



[illegible]

(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)(b)

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.

  
Signature of a member or authorized representative of a member  
Alberto Traviglianti<sup>2</sup>  
Typed or printed name of signer