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OCT 2.5 2020

TO: Registration Section Division of Corporations SUBJECT: _______MB Handyman Services LLC

ame of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Janetle McCord	
Name of Person	
Friedom Tax Plus	
Firm/Company	
417 Stillwell Blvd	
Address	
(restriew FL 32539	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	ail.com

For further information concerning this matter, please call:

683-1040 Name of Person Daytime Telephone Number Area Code

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

<u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Enclosed is a check for the following amount:

□\$25 Filing Fee

\$30 Filing Fee & Certificate of Status □\$55 Filing Fee & Certified Copy \$60 Filing Fee, Certificate of Status & Certified Copy

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursua	at to section 605.0209, F.S., this document is being submitted to correct a previously filed document.
<u>FIRST</u>	: The name of the limited liability company is: UMB Handyman Services LC
<u>SECO</u> THIRI	2: Document to be corrected is: ANTICLS of Organization
ਦ	<u>(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT</u> Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:
	<u>Me name of the LLC Should be JNB Handymun Hences LL</u> <u>not JMB Handymun Services LLC</u> . <u>OR</u> Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are
	as follows:
	OR The electronic transmission of the record was defective. AULTA OLOUA Signature of Authorized Representative Date

Signature of new registered agent, if applicable it NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

<u>New Registered Agent's Signature, if changing Registered Agent:</u> *Thereby 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.

Registered Agent's Signature

Filing Fee: Certified Copy:

\$25.00 \$30.00 (optional)

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