## 120000391061

(Requestor's Name)
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PICK-UP WAIT MAIL
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## **COVER LETTER**

то:	Registration Se Division of Cor					
0115		Houck Handy	yman Service LLC			
SUBJI	ECT:	Name of Limite	ed Liability Company			
The en	iclosed Articles of	Amendment and fee(s) are subm	itted for filing.			
Please	return all correspo	ndence concerning this matter to	the following:			
			Thomas D Houck			
			Name of Person			
		Houck Handyman Service LLC				
			Firm/Company			
		1628 SE 46th Street Apt. 1				
			Address			
			Cape Coral, FL 33904			
			City/State and Zip Code			
			nandymanservice@yahoo.co			
For fu	rther information co	n-man address: (to oncerning this matter, please cal	be used for future annual reports:	a nounceation)		
		D Houck	574	870-1094		
	Name of	f Person	at () Area Code D	aytime Telephone Number		
Enclos	sed is a check for th	ne following amount:				
□ <b>\$</b> 2	25.00 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 Addres Registration S		Street Addre Registration			
	Division of C		<del>-</del>	`Corporations		
	P.O. Box 632			of Tallahassee		
	Tallahassee, I	L 32314	2413 IN, IVI	onroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Houck Handymar	Service LLC		<u> </u>
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appea Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company  Florida document numberL20000391061	were filed on	December 15, 2020	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company h	<u>ere</u> :	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the	designation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	<u></u> .	<u> </u>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our i	records, <u>enter the name</u>	of the new registered
Name of New Registered Agent:		<u> </u>	
New Registered Office Address:	Enter Florida street address  Florida		
		Florida	
<del> </del>	City	, 1 1011444	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 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
AMBR	Julie K Houck	1628 SE 46th Street Apt. 1, Cape Coral, FL 33904	□Add
			<b>≡</b> Remove
			□Change
			🗆 Add
			🗆 Remove
			□Change
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			□Change
			□Add
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Note: If the	te, if other than the date of ate is listed, the date must be spe date inserted in this block do ffective date on the Departm	es not meet the a	applicable statuto	ing or more than 90 ory filing requirem	_ (optional) days after filing.) Pursua ents, this date will no	nt to 605.0207 ( be listed as t
e record spec ed is filed.	fies a delayed effective date,	but not an effect	tive time, at 12:0	I a.m. on the earli	er of: (b) The 90th o	lay after the
Dated	December 26,	20	)20 	$\wedge$		
	Dion	us Q.	Hands	Ł	<u> </u>	
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_	Signat	ure of a member of	r authorized repres	entative of a membe	r	

Filing Fee: \$25.00