# L21000084534

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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates of	Status
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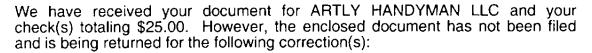
## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 28, 2021

ARTHUR HAWKINS JR. 156 WRIGHT CIR. NICEVILLE, FL 32578

SUBJECT: ARTLY HANDYMAN LLC

Ref. Number: L21000084534



The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

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.

Alecia Rivers Regulatory Specialist II

Letter Number: 021A00008750

www.sunbiz.org

Division of Comparations DO POV 6297 Tellahanna Florida 29214

### **COVER LETTER**

	ion Section of Corporations	•
ARTI SUBJECT:	Y HANDYMAN LLC	
JUMPET.	Name of Li	mited Liability Company
The enclosed Articl	es of Amendment and fee(s) are su	ibmitted for filing.
Please return all con	rrespondence concerning this matte	er to the following:
	ARTHUR HAWKINS J	₹.
	<del></del>	Name of Person
	ARTLY HANDYMAN I	A.C.
	***************************************	DYMAN LLC  Name of Limited Liability Company  nendment and fee(s) are submitted for filing.  ence concerning this matter to the following:  ARTHUR HAWKINS JR.  Name of Person  ARTLY HANDYMAN LLC.  Firm/Company  156 WRIGHT CIRCLE  Address  NICEVILLE FL 32578  City/State and Zip Code  HAWKEYE7066@GMAIL.COM  E-mail address: (to be used for future annual report notification)  terming this matter, please call:  4 (
	156 WRIGHT CIRCLE	
		Address
	NICEVILLE FL 32578	
	<del>-</del>	
For further informat	tion concerning this matter, please	· · · · · · · · · · · · · · · · · · ·
ARTHUR HAWKI	NS JR.	
N	ame of Person	
Enclosed is a check	for the following amount:	
<b>■</b> \$25.00 Filing F		Certified Copy Certificate of Status & Certified Copy
Division P.O. Box	ion Section of Corporations	Registration Section

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTLY HANDYMAN LLC.	
(Name of the Limited Liability ( (A Florida Lia	Company as it now appears on our records, mited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number 1.21000084534	npany were filed on FEBRUARY 19, 2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here:
The new name must be distinguishable and contain the words "Limited	d 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 ADDRES	(22)
	·
Enter new mailing address, if applicable:	2
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or registered or agent and/or the new registered office address here:	office address on our records, enter the name of the new registe
	i m
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

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	LYNN HAWKINS	156 WRIGHT CIRCLE, NICEVILLE FL 32578	<b>≅</b> ∧dd
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