

L21 000 242373

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

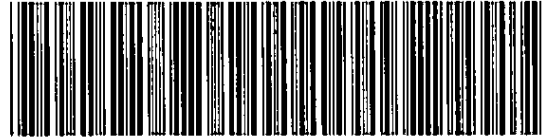
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21 OCT 12 PM 3:26



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 29, 2021

JEFFREY R. FOSSLER
12029 TUSCANY BAY DR
APT 204 BLDG 6A
TAMPA, FL 33626

SUBJECT: MOCKINGBIRD PAINTING & HANDYMAN SERVICES LLC
Ref. Number: L21000242373

2021 OCT 12 PM 2:32

We have received your document for MOCKINGBIRD PAINTING & HANDYMAN SERVICES LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Tekayla T Matthews
OPS

Letter Number: 721A00023580

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MOCKINGBIRD PAINTING & HANDYMAN SERVICES, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JEFFREY R. FOSSLER
Name of Person

MOCKINGBIRD PAINTING & HANDYMAN SERVICES
Firm/Company

12029 TUSCANY BAY DR APT 204 BLDG 6A
Address

TAMPA, FL 33626
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEFFREY FOSSLER at (813) 408 2802
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$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)

↳ PREPAID
PLS FIND ATTCH.
LTR RE: CORRECTION

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

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

21 OCT 12 PM 3:26

MOCKINGBIRD PAINTING & HANDYMAN SERVICES, 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 05/25/2021 and assigned Florida document number L21000242373.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." 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:

ELIZABETH H. FOSSLER

New Registered Office Address:

12029 TUSCANY BAY DR APT 204 BLDG 6A

Enter Florida street address

TAMPA

City

Florida

33626

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.



D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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(Empty ruled lines for amending information)

E. Effective date, if other than the date of filing: 5/25/2021 (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated OCTOBER 9 . 2021 .

Signature of a member or authorized representative of a member

ELIZABETH FOSSLER

Typed or printed name of signee