

L21 000401403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

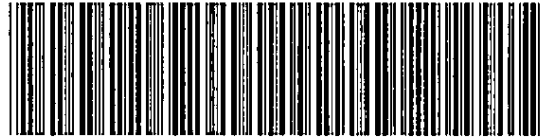
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CLERK OF STATE
21 SEP 22 AM 2:02

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HANDY LADY CONTRACTORS 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:

DONNA SMIT

Name of Person

BREVARD ACCOUNTING GROUP, CPAs

Firm Company

150 FORTENBERRY ROAD VILLA A

Address

MERRITT ISLAND, FLORIDA 32952

City/State and Zip Code

DMS@BAGCPA.COM

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

For further information concerning this matter, please call:

DONNA SMIT

321 452-5061

at ()

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)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
21 SEP 22 AM 2:02

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

HANDY LADY CONTRACTORS 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 SEPTEMBER 9, 2021 and assigned
Florida document number L21000401403.

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 "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:

DENISE FALERO

New Registered Office Address:

180 MINNA LANE 306

Enter Florida street address

MERRITT ISLAND

City

, Florida 32953

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.

Denise Falero

If Changing Registered Agent, Signature of New Registered Agent

21 SEP 20 AM 2:07
STATE OF FLORIDA
CLERK OF THE SUPREME COURT
TALLAHASSEE, FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	DENISE FALERO	180 MINNA LANE #306	<input type="checkbox"/> Add
		MERRITT ISLAND, FL 32953 US	<input type="checkbox"/> Remove
		(last name spelling change)	<input checked="" type="checkbox"/> Change
AMBR	FERNANDO FALERO	180 MINNA LANE #306	<input type="checkbox"/> Add
		MERRITT ISLAND, FL 32953 US	<input type="checkbox"/> Remove
		(last name spelling change)	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

21 SEP 20 AM 2:07
STATE OF FLORIDA
DEPARTMENT OF
TRANSPORTATION
FLORIDA HIGHWAY
DEPARTMENT

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

NOTE: CHANGES WERE SPELLING OF LAST NAMES.

[illegible]

E. Effective date, if other than the date of filing: _____ (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 605.0397 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed on 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 Sept 14, 2021

Dennis Talbot

Signature of a member or authorized representative of a member

Denise Falero

Typed or printed name of signee

21 SEP 20 AM 2:00