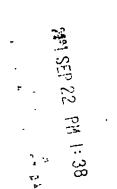
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Office Use Only



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## **COVER LETTER**

TO:

**Registration Section** 

Division of Corporations
SUBJECT: My Lah and Zuri Handyman Service 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:
Name of Person  Nyhah and Zuri Handyman Service LLC  Firm/Company
6250 KaieTeyr LN orlando fl 32808 Address
Orlando fl 32808 City/State and Zip Code
Ransay raleigh 53 @ amail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Phaleigh Prayrisay at (407) 283-9256  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
■ \$25.00 Filing Fee
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

yman Service L	LC.	
Company as it now appears on our mited Liability Company)	r records.)	
		_ and assigned
d liability company here:		
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Enter Florida stree	et address	
City	, rionda	Zip Code
	d liability company here: Liability Company," the designation  SS)  Finter Florida street	ffice address on our records, enter the name of Enter Florida street address  Florida

## 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	Raleigh Ramsay	6250 KaieTeur LN Orlandofl	32708 
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ated 9/20/91	: (b) The 90	0th day after the
Signature of a member or authorized representative of a member		
Typed or printed name of signee		

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