(R∈	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	





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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: YPJ Hardyman Server LC; Name of Lithted Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mellien sers festion
VPI Handymen Series
371 Forest Hill Blod
WPB F1 33405
City/State and Zip Code Vencer P 85 @ Grand Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Christy Herrer at (56) 7/8/1/3 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee S30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company w Florida document number <u>L 22000 1964</u>	were filed on $\frac{\text{Aliquet} 22,2}{\text{and assigned}}$
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability The new name must be distinguishable and contain the words "Limited Liability Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	in a and Handyman Service
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Some
B. If amending the registered agent and/or registered office adapta and/or the new registered office address here:	Idress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Finter Florida street address (DC)
	m. I

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.

City

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
			□Add
			□Remove
			□Change
~	- 100- 11		□ Add
		<u></u>	□Remove
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an effecti lote: If	ve date is listed, t the date inserted		ific and cannot be s not meet the a	pplicable statutor		(optional) ys after filing.) Pursu nts, this date will no	
record s		ed effective date, t	out not an effect	ive time, at 12:01	a.m. on the earlie	r of: (b) The 90th	day after the
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		Signatu	re of a member of	puriorizeo represe	manye or a member		
				V	- Jim		