

L22000358477

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

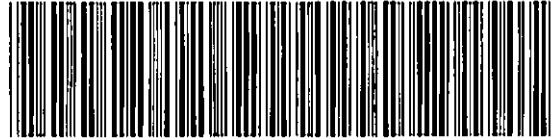
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000393788980

09/09/22--01004--007 \*\*25.00

RECEIVED

2022 SEP -9 AM 10:01  
MASSCTF 1111  
2022 SEP -9 PM 10:13

9/9/2022

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ISLAND MIKE HANDY MAN  
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:

Michael C RAHMING SR.  
Name of Person

ISLAND MIKE HANDY MAN  
Firm/Company

2910 KERRY FOREST PKWY D4-391  
Address

TALLAHASSEE FL 32309  
City/State and Zip Code

Michael.Rahming1054@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael C. Rahming SR. at (786) 261-4202  
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

2022 SEP -9 AM 10:13

(Name of the Limited Liability Company as it now appears on our records.  
(A Florida Limited Liability Company))

**If Changing Registered Agent, Signature of New Registered Agent**

\_\_\_\_\_ ☐ Change

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

ADDEN # 88-388264/ IRS #

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 605.0207 (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 09/9/22

Michael E. Rahming SS.  
Signature of a member or authorized representative of a member

Michael E. RAHMING SR.  
Typed or printed name of signer