(Re	equestor's Name)	
(Ac	ldress)	
(Ac	Idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



200236598482

06/25/12--01024--030 **43.75

COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: Andy The Handyman Inc.
NAME OF CORPORATION: Andy The Handyman, Inc. DOCUMENT NUMBER: PO400059775
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Andrea Wiggers Name of Contact Person Andy The Handy Man Inc. Firm Company
Name of Contact Person
- Andy the Handyman Inc.
Firm Company
POBOX 320747
Address
POBOX 320747 Address Cocoa Beach FL 32932-0747 City/ State and Zip Code
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Andrea Wiggers Name of Contact Person at (321), 506-3463 Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

Andy	the Handyman Inc.	
	ly filed with the Florida Dept. of State)	
Po-	4000059775	
(Document Number	er of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this Florida Profit Corporation adopts the following	amendment(s) to
A. If amending name, enter the new name of the	ne corporation:	
N/A		The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	word "corporation," "company," or "incorporated" or the ab Corp," "Inc," or "Co". A professional corporation name must co the abbreviation "P.A."	breviation ontain the
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	SBOX) N/A	19 IUN 25
D. If amending the registered agent and/or reginew registered agent and/or the new register	istered office address in Florida, enter the name of the ered office address:	PM 3: 54
Name of New Registered Agent N/	A	
	(Florida street address)	
New Registered Office Address:	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agent	Registered Agent: nt. I am familiar with and accept the obligations of the position.	
N/A Signature o	of New Registered Agent. if changing	

If amending the Officers and/or Directors, ei	nter the title and name of each officer/director	being removed and title, name, and
address of each Officer and/or Director being	g added:	

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be <math>PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: XChange	PT Jol	h <u>n Doe</u>	
X Remove	<u>V</u> <u>M</u> i	ike Jones	
_X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
Change Add Remove	<u>PD</u>	Edgard de Cuba	126 DeLeon Rd Cocoa Beach FL 3293
2) Change Add Remove			
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

If amending or adding additional Arti (attach additional sheets, if necessary).	(Be specific)
	-
<u>, , , , , , , , , , , , , , , , , , , </u>	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares.
provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
N/A	
	

he date of each amendment(s) a	doption: May 14, 2012
Effective date <u>if applicable</u> :	· · · · · · · · · · · · · · · · · · ·
	(no more than 90 days after amendment file date)
doption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
	t for the amendment(s) was/were sufficient for approval
by	(voting group)
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
Dated May	14,2012
(By a c	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)
•	Edgard de Cuba (Typed or printed name of person signing) Incorporator (Title of person signing)
	Incorporator
	(Title of person signing)