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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
A Handy C	ouple LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	James A Farrow		
		Name of Person	
	A Handy Couple LLC		
	_	Firm/Company	<del></del>
1576 Bella Cruz Drive #152		• ¬	
		Address	
	Lady Lake, FL 32159		
	-	City/State and Zip Code	
	Ahandycouple2@gmail.com		<u> </u>
	E-mail address: (	to be used for future annual report notific	eation)
For further information of	oncerning this matter, please co	all:	·
James A Farrow		352 209-4101 at ( )	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	_		
S25.00 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)
	ING ADDRESS: ration Section	STREET/COURIE Registration Section	
Divisio	on of Corporations ox 6327	Division of Corporat Clifton Building	

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A HANDY COUPLE, LLC		
(Name of the Limited L (A F	Jability Company as it now appears on our records. Florida Limited Liability Company)	)
The Articles of Organization for this Limited Liabil	lity Company were filed on	and assigned
lorida document number L06000001692		
his amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
he new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
Principal office address MUST BE A STREET A	(DDRESS)	
		. 7
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO.	<u> </u>	
B. If amending the registered agent and/or		enter the name of th
registered agent and/or the new registered office	e address bere:	•
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	-
	. Flo	rida
<del>-</del>	City	Zip Code

#### 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 Changing Registered Agent, Signature of New Registered Agent

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
MGR	ROXANNE FARROW	12396 SE 176th Loop, Summerfield, FL 34491	
			■ Remove
			Change
			□ Remove
			Change
			Add
			Remove
			Change
			Remove
			Change
			□ Remove
			Change
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			□ Remove
			Change

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n effective date is listed, the date must be te: If the date inserted in this block nument's effective date on the Department.	does not meet the applic	able statutory filing re-		
record specifies a delayed e he 90th day after the recon	ffective date, but no I is filed.	et an effective time	e, at 12:01 a.m. on	the earlier o
ed	2018	<del></del>		
James 1	4. Farra	rw		
C/ Si	mature of a member or auth	orized representative of a	member	

Page 3 of 3

Filing Fee: \$25.00