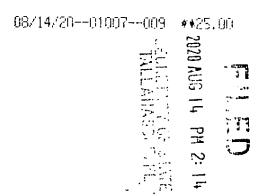
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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	





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D. BRUCE OCT 04 2020

## **COVER LETTER**

TO: Registration Sec Division of Corp			<b>≠</b> *	
SUBJECT:'	Handy	Air LLC	<b></b>	
	Name of Lim	ited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspor	ndence concerning this matter	to the following:		
	٨	have lox		
		Name of Person		
	Han	day Air Ll		_
		rimvCompany		
	1991 Corporal	to Square  Address	Unit 181	2020 A SECR TAL
	Longwood	FL 32750	<u> </u>	2020 AUS 14 PH 2: 14 SECRETATE OF TIME TALLALASSISEEFL
	marce hand	FL 32750 City/State and Zip Code 14 air fl. 61	h	
	E-mail address: (	to be used for future annual rep	ort notification)	F. 2: -
For further information co	oncerning this matter, please c	all:		171 <b>477</b>
Marc	Cox		699 OHL	ti
Name of	Person	Area Code	Daytime Telephone Numb	er
Enclosed is a check for th	e following amount:			
\$\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	d) Certific	Filing Fee, cate of Status & ed Copy al copy is enclosed)
Mailing Address		Street Add	1966:	
Registration S			on Section	
Division of Co	orporations		of Corporations	
P.O. Box 632	7	The Centr	e of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)  The Articles of Organization for this Limited Liability Company were filed on
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)
A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Long wood FL 3275 C  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Long wood FL 3275 C  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Luit 181, Long wood FL 32750  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)
(Principal office address MUST BE A STREET ADDRESS)  Livit 181, Long wood FL 3275 C  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)
(Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered
agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:  Enter Florida street address
Florida
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 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
<u>Ambr</u>	Micholas Hoff	1991 Corporate Square	Add
	Nicholas Hoff CEO	1991 Corporate Square Unit 181 Long wood F	<b>€C</b> □Remove
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an effective date is listed ote: If the date inser	er than the date of fil.  d, the date must be specific a ted in this block does no ate on the Department o	and cannot be prior to it meet the applical	o date of filing or m	ore than 90 days afte		
	ayed effective date, but r	not an effective tin		on the earlier of: (	b) The 90th da	y after the
record specifies a dela						
record specifies a dela	t 3rd	2020	14:			