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COVER LETTER

SUBJECT:	Maslar Ren	ovation and Design LLC		
OBJECT.		Name of Limi	ited Liability Company	
The enclosed	Articles of .	Amendment and fee(s) are subt	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Rich Maslar		
			Name of Person	
		Maslar Renovation and De	sign LLC	
			Firm/Company	
		1715 Independence Blvd	Ste B - 5	
			Address	
		Sarasota, FL 34234		
		richm@maslareonstruction.c		
		E-mail address; (t	o be used for future annual report notif	ication)
For further in	formation co	oncerning this matter, please ca	II:	
Rich Maslar			941 870-2460	
-	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 Fi	iling 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

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Maslar Renovation and Design LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lir	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com	pany were filed on June 4, 2012	and assigned
Florida document number L12000073945		_
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	I liability company here:	
Handy Home Connection LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES		-
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on our records, <u>en</u> s here:	SE T
		A G
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 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>	<u>Address</u>	Type of Action			
			□ Add			
			☐ Remove			
			□ Change			
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_			Signature of	a iperation of	r authorized re	epresentative of a	member	 -	

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Filing Fee: \$25.00