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(Address)				
(Address)				
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COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT:	Hardmethem	ian illo	. ~
		ted Liability Company	72.
			JUL 20 LAHASS
The enclosed Articles of Am	endment and fee(s) are sub	omitted for filing.	SS S
Please return all corresponde			
	, kan	ifer assanuma	
•		Name of Person	 -
	1\-	nd Me The Man	
-	Ho	Firm/Company	<u> </u>
	han C	1 1 2 12 12 12 12	^ .
-	14840 Enclo	Address Dr. #CU, Del	lay Beach
-	Delray	Reach, Fl. 53484 City/State and Zip Code	
	-2 - c		2.00
-	E-mail address: (to	who doe used for future annual report notification)	
For further information conc	erning this matter, please co	all:	
1 0 0			
Name of Pe	SSanuma	at (561) 279-5115 Area Code & Daytime Telep	shone Number
Enclosed is a check for the fi	ollowing amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee &	\$55.00 Filing Fee &	\$60.00 Filing Fee,
- 423.00 Timig 1 cc	Certificate of Status	Certified Copy	Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
		* * * *	* * e *
MAILING Registratio	G ADDRESS:	STREET/COURIER AI Registration Section	DDRESS:
	f Corporations	Division of Corporations	
P.O. Box 6	6327	Clifton Building	
Tallahasse	e, FL 32314	2661 Executive Center C	ircle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hondmethemo	in; LLC"			
(<u>Name of the Limited Liability Co</u> r (A Florida Limit	mpany as it now appears of ted Liability Company)	on our records	<u>s.</u>)	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L12 6000 8 9 5 3</u> .5		7/10/12	ass ass	signed
This amendment is submitted to amend the following:			20 P	m
A. If amending name, enter the new name of the limited	liability company here:			Ö
Hand Me Th	e Man, L	-LC		
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Company	," the designat	ion "LLC" or the	abbreviation
Enter new principal offices address, if applicable:	14840 Enclo			
(Principal office address MUST BE A STREET ADDRESS	5) Delray B	each, F	1. 33489	1
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		r records, <u>en</u>	iter the name o	of the new
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
<u></u>		, Florid		
	City		Zip Code	e

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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma	anager Managing Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			T Damaua
			Add Remove
			AddRemove
			□ Damova
**************************************			Add Remove
D. If amen	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if n	ecessary.)
			2012 J.
_			MIZJUL 20 MI 2 49 SECRETARY OF STATE ALLIAHASSEE, FLORIDA
Dated		012.	OF STATE FLORIDA
	Jenn	Fer OSSANUMO	

Page 2 of 2

Filing Fee: \$25.00