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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT: Pretty Handy Mundy LLC

Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

	Mame of Limi	teg Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	nitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Amanda Tra Pretty Handy	Name of Person  Mandy LLC  Firm/Company	
	807 Gulf Blu	rd. #1 Address	
	Indian Rocks!	Stach, Fl 33785 City/State and Zip Code and y @ mail. (om o be used for futhre annual report notifi	<u> </u>
	Prettyhandyma E-mail address: (1	andy Romail. Com	cation)
For further information c	oncerning this matter, please ca	dl:	
Amanda Name o	Trapka f Person	at (727) 366- Area Code Daytime	7513 Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 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)
MAIL	ING ADDRESS:	STREET/COURIE	ER ADDRESS:

Registration Section
Division of Corporations
Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pretty Handy Mandy (Namy of the Limited Liability Compand (A Florida Limited Lia			
The Articles of Organization for this Limited Liability Company w Florida document number 1400087509		and assig	,ned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company here:		
The new name must be distinguishable and end with the words "Limited Liabili	ty Company," the designation "LLC" or the	abbreviation "L.I	J.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)			
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:	ce address on our records, enter	the name of	the new
Name of New Registered Agent:		Ā.SE	
New Registered Office Address:		<u> </u>	• •
	Enter Florida street address	A SACAL	PLANTS OF THE STATE OF THE STAT
· · · · · · · · · · · · · · · · · · ·	, Florida	Zip Code	7 1 8
New Registered Agent's Signature, if changing Registered Agent:		18.17 10:0	Comment Comment
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pro- being filed to merely reflect a change in the registered office a	erformance of my duties, and I am ovided for in Chapter 605, F.S. Or,	familiar with , if this docun	and nent is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>AMBR</u>	Richard Rauch	807 Gulf Blvd. #1	Add
		Indian Rocks Beach Fl 3378	S□ Remove
		(813)505-4367	
			Add
			□ Remove
			<u></u>
			□ Add
			TALLAHAS SEE. T. DRIDA
			257 O P
			PERMIT OF LEAR
			<u> ≅r</u> □ <del>Kel</del> move
			□ Add
		<u> </u>	□ Remove
			□ Add
		M. AN. 114	□ Remove

11 amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	
Effective	e date, if other than the date of filing: (optional)
	e date, if other than the date of filing:
the date the	
the date the	his document is filed by the Florida Department of State)

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF SIATE