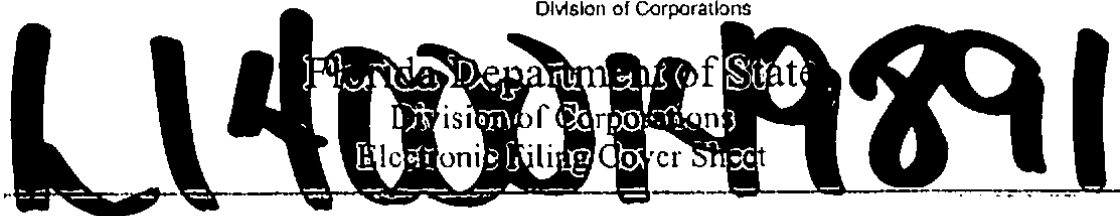


8/23/2019

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : AMAN LAW FIRM
Account Number : I20020000001
Phone : (813)265-0004
Fax Number : (888)870-8658

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

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APPROVED
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
POTTER'S HAND LLC

Certificate of Status	0
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Page Count	04
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11:29:17
8/23/2019

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AUG 26 2019

COVER LETTER

TO: Registration Section
Division of Corporations

(((H19000253657 3)))

SUBJECT: Potter's Hand LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jeffrey A. Aman

Name of Person

Aman Law Firm

Firm/Company

282 Crystal Grove Blvd.

Address

Lutz, FL 33548

City/State and Zip Code

jeffa@amanlawfirm.com

E-mail address: (to be used for future annual report notification)

RECEIVED
AND
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2019 AUG 23 PM 12:15

For further information concerning this matter, please call:

Jeffrey A. Aman

813

265-0004

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(((H19000253657 3)))

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

POTTER'S HAND LLC

(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 September 24, 2014 and assigned Florida document number L14000149891.

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)

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

City, Florida 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:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
VP	Charlotte Agyenim-Boateng Acheampong	6518 Highlands in the Woods St. Lakeland FL, 33813	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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AND
RECORDED

((H19000253657 3)))

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2019 AUG 23 PM 12:15

APPROVED
FILED

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated

8/20, 2019

Signature of a member or authorized representative of a member.

Olushola Yusuf

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

((1119000253657 3)))