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	COVER LETTER
Registration Sec Division of Corp	tion orations
SUBJECT:	Name of Limited Liability Company
The enclosed Articles of A	amendment and fee(s) are submitted for filing.
Please return all correspon	dence concerning this matter to the following:
	Herbert Max Siller Name of Person Marc Hardynan Scruice LLC. Firm/Company 1 Tomoxy Mendows Tolly Address Comord J. Beach, Fla 32174 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further information co	ncerning this matter, please call:
Herbert Ma Name of	Person Area Code Daytime Telephone Number

MAILING ADDRESS:

□ \$30.00 Filing Fee &

Certificate of Status

\$25.00 Filing Fee

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

STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certificate of Status & Certified Copy

(additional copy is enclosed)

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

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mars Handyman ser	vice LLC.
	pany as it now appears on our records/ d Liability Company)
	1)/-
The Articles of Organization for this Limited Liability Compan	y were filed on <u>Sec 32/2015</u> and assigned
Florida document number <u>L15000</u> 342285.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Lial	bility 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)	25 C C C C C C C C C C C C C C C C C C C
	22
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	No.
	RIC
	> 4
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, enter the name of the new ere:
Name of New Registered Agent:	
New Registered Office Address:	
ATTIMATED ON THE OWN	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	s provided for in Chapter 605, F.S. Or, if this document is

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>	Name	Address	Type of Action
MCR	Herbert Mark Siller	1 Tomara Mewows RIVD amond Beach, FIA 32174	Add
		amond Beach, FIA 30174	Remove
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-			Signature	of member	er or author	zed represer	ntative of a	member	25	=	
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Filing Fee: \$25.00