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FILED 2020 NOV -2 AH II: 37

12/10/20

COVER LETTER

TO: Registration Section Division of Coppdrations	
SUBJECT: J HANDY MA-~ SENVICES ROULE 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:	
Name of Person	
JPHANDYMINN SERVICE SNOOF LLC	
645 CARPOTHAN COULT	
FORT WALTON BEACH AC 32547	
City/State and Zip Code	
DIHADYMAN SLAVICES 6 YOLLOS. CONT E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
MACS PIENCILUS at (BSO) 459 D 535 Name of Person Area Code Daytime Telephone Number	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	

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

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Comp	SROSP 1LC	
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our reco d Liability Company)	ords,)
The Articles of Organization for this Limited Liability Compan Florida document number <u>ムル ののつえみら行る</u> .	by were filed on $\frac{2/10/2}{2}$	and assigned
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 Lia	bility Company," the designation "L	I.C" or the abbreviation "IIC."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		<u> </u>
		2 5
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
,		37
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>ent</u>	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ada	,
	rnier i torida street add	ress
		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>	Address	Type of Action
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n effective date is listed	d, the date must be spe-	cific and cannot	be prior to date	of filing or more	than 90 days after	filing.) Pursua	ant to 605.02
	rted in this block doo late on the Departing			atutory tiling re	quirements, this	s date will no	ot be listed
scord exacifiae a dal	ayed effective date.	but not an effe	ctive time, at	12:01 a.m. on t	he carlier of: (b) The 90th	day after t
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is filed.	7,70		or authorized of	epresentative of a	member		<u>.</u>