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SECRETARY OF STATE
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## **COVER LETTER**

| TO:          | Registration S Division of Co |                                 |                   |                                                                         |               |                                                                                                     |
|--------------|-------------------------------|---------------------------------|-------------------|-------------------------------------------------------------------------|---------------|-----------------------------------------------------------------------------------------------------|
| SUBJ         | ест: <u></u>                  | Torida Ha                       | ndy<br>ame of Lim | Services LL ited Liability Company                                      | .C            |                                                                                                     |
| The er       | nclosed Articles o            | f Amendment and fee             | (s) are sub       | mitted for filing.                                                      |               |                                                                                                     |
| Please       | return all corresp            | oondence concerning t           | his matter        | to the following:                                                       |               |                                                                                                     |
|              |                               | <del> </del>                    | Ale               | Pandro Isaa<br>Name of Person                                           | CUYOL         | ·                                                                                                   |
|              |                               | F\0;                            | <u>rida</u>       | Handy Servi                                                             | ces_          | LLC                                                                                                 |
|              |                               | 11780                           | <u>sw</u>         | 18th ST Apt 1                                                           | 130           | <del></del>                                                                                         |
|              |                               | $\mathcal{M}_{i}$               | ismi              | City/State and Zip Code  CUTO 2002  to be used for future annual report | 75            |                                                                                                     |
|              |                               | <u>iso</u><br>E-ma              | il address: (     | CUra 2002 O                                                             | motification) | · <u>Com</u>                                                                                        |
| For fu       | rther information             | concerning this matte           | r, please ca      | all:                                                                    |               |                                                                                                     |
|              |                               |                                 |                   | at ()<br>Area Code Da                                                   |               |                                                                                                     |
|              | Name                          | of Person                       |                   | Area Code Da                                                            | ytime Teleph  | one Number                                                                                          |
| Enclos       | sed is a check for            | the following amount            | :                 |                                                                         |               |                                                                                                     |
| <b>Ø</b> \$2 | 25.00 Filing Fee              | □ \$30.00 Filing Certificate of |                   | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)     |               | 1 \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|              | Regis                         | LING ADDRESS:                   |                   | STREET/CO<br>Registration S                                             | ection        | DRESS:                                                                                              |

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Florida Hanc                                                                                                                                                                                                                                                                                                           | 24 Services LLC                                                                  |                                                         |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|---------------------------------------------------------|--|--|
| (Name of the Limited Liability Compa<br>(A Florida Limited I                                                                                                                                                                                                                                                           | ny as it now appears on our records.)<br>Liability Company)                      |                                                         |  |  |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L 16 0000 51 99 4</u> .                                                                                                                                                                                                     | were filed on                                                                    | and assigned                                            |  |  |
| This amendment is submitted to amend the following:                                                                                                                                                                                                                                                                    |                                                                                  |                                                         |  |  |
| A. If amending name, enter the new name of the limited liab                                                                                                                                                                                                                                                            | ility company here:                                                              |                                                         |  |  |
| The new name must be distinguishable and contain the words "Limited Liabil                                                                                                                                                                                                                                             | lity Company," the designation "LLC" or the abb                                  | reviation "L.L.C."                                      |  |  |
| Enter new principal offices address, if applicable:                                                                                                                                                                                                                                                                    | 11780 SW 18th ST Apt 130<br>Miami, FL 33775                                      |                                                         |  |  |
| (Principal office address MUST BE A STREET ADDRESS)                                                                                                                                                                                                                                                                    | Miami, FL 33775                                                                  | 5′                                                      |  |  |
| Enter new mailing address, if applicable:                                                                                                                                                                                                                                                                              | PO BOX 942228                                                                    | ζ                                                       |  |  |
| (Mailing address MAY BE A POST OFFICE BOX)                                                                                                                                                                                                                                                                             | Miami, FL<br>33194                                                               |                                                         |  |  |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:                                                                                                                                                                 |                                                                                  | he name of the new                                      |  |  |
| New Registered Office Address:                                                                                                                                                                                                                                                                                         |                                                                                  |                                                         |  |  |
|                                                                                                                                                                                                                                                                                                                        | Enter Florida street address                                                     |                                                         |  |  |
|                                                                                                                                                                                                                                                                                                                        | , Florida                                                                        |                                                         |  |  |
| New Registered Agent's Signature, if changing Registered Agent:                                                                                                                                                                                                                                                        | •                                                                                |                                                         |  |  |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as publications of my position as registered agent as publications of the registered office from the properties of the change. | performance of my duties, and Lam fa<br>provided for in Chapter 605, F.S. Or, ij | miliar with and<br>f this document is<br>ited liability |  |  |

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 = Ma $AMBR = Au$ | anager<br>uthorized Member |                                          |                |
|----------------------|----------------------------|------------------------------------------|----------------|
| <u>Title</u>         | Name                       | Address                                  | Type of Action |
| AMBR                 | Juan Rodriguez             | PO BOX 228401                            | 🗖 Add          |
|                      | v                          | PO BOX <b>32</b> 8401<br>Miami, FL 33222 | □ Remove       |
|                      |                            |                                          | ☐ Change       |
|                      |                            |                                          | □ Add          |
|                      |                            |                                          | □ Remove       |
|                      |                            |                                          | Change         |
|                      |                            |                                          | Add            |
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| <del></del>          |                            | · · · · · · · · · · · · · · · · · · ·    | Add            |
|                      | ·                          |                                          | Remove         |
| · .                  |                            | CRETARY OF STANASSEE. FLO                |                |
|                      |                            | STATE                                    |                |
|                      |                            | · :                                      | Change         |

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| i effect<br><u>te:</u>   | date, if other than the ve date is listed, the date must the date inserted in this blows of the date on the December 2 of the December 2 o | ock does not meet the                                       | ie applicable statutory fi                              | iling requirements,        | this date will i   | not be listed  |
| effect<br>te: If<br>umen | ve date is listed, the date must<br>the date inserted in this bloom                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ock does not meet the epartment of State's deffective date, | e applicable statutory fi<br>records.                   | iling requirements,        |                    |                |
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Filing Fee: \$25.00