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## **COVER LETTER**

TO: Registration Section

Tallahassee, FL 32314

Divi	ision of Cor	porations		
	CASH & B	BURROWS INVESTMENTS.	LLC	
SUBJECT:		Name of Lim	ited Liability Company	<del></del>
Th	l Amilala C	A manufacture and foot of an order	animal for filling	
The enclosed	i Articles of	Amendment and fee(s) are sub	mitted for fling,	
Please return	all correspo	ondence concerning this matter	to the following:	
			Orthnell Cash	
			Name of Person	
		CASH & BURROWS IN	VESTMENTS, LLC	
			Firm/Company	
		401 NORTH ROSEMARY	Y AVE SUITE 22	
			Address	
		WEST PALM BEACH, F	L 33401	
			City/State and Zip Code	
		tinocash@gmail.com		
		E-mail address: (	to be used for future annual report i	notification)
For further in	iformation c	oncerning this matter, please co	all:	
Orthnell Cas	h		813 3232344 at ( )	
	Name o	f Person	Area Code Day	time Telephone Number
Enclosed is a	check for th	ne following amount:		
□ \$25.00 F	iling Fee	■ \$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	ling Addres		Street Address	
_	gistration S vision of C	Section orporations	Registration Division of C	
	Box 632			f Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CASH & BURROWS INVESTMENTS, LL		
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on or Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability C	Company were filed on 07/05/20	and assigned
	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
HANDS OFF HOSTING & DESIGN, LLC		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	<del></del>	02
		3
B. If amending the registered agent and/or registered	d office address on our record	s, enter the name of the new register
agent and/or the new registered office address here:		9
		See P
Name of New Registered Agent:		F 6 4
Name of New Registered Agent.	<del></del>	F. 09
New Registered Office Address:		
	Enter Florida str	eet address
		, 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 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 =	<b>Authorized Member</b>

<u>Title</u>	Name	Address	Type of Action
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reffective date is <u>te:</u> If the date	s listed, the date must b	e specific and can k does not meet	nnot be prior to da t the applicable		than 90 days after	filing.) Pursuant to 605.0 date will not be listed
cord specifies s filed.	a delayed effective o	date, but not an	effective time, a	at 12:01 a.m. on	the carlier of: (b)	The 90th day after t
DECEMB	ER 16TH	2 ·	2020			
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Filing Fee: \$25.00