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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Handyperson (Name of Lin	nited Liability Company	·
The enclosed Articles of Amendment and fee(s) are sul	bmitted for filing.	
Please return all correspondence concerning this matter	r to the following:	
Do	Name of Person	<del></del>
itla	rdy person Company L	LC
2014 Cy	Address	
Pal	m Hanbon, FL 34684 City/State and Zip Code	1
E-mail address: (	to be used for future annual report for fire	Degrand com
For further information concerning this matter, please c	all:	
David Rapp Name of Person	at (727) 244-63 Area Code Daytime To	351 elephone Number
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\times \text{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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Lin (A Flo	Son Company   Cability Company as it now appears on our record conda Limited Liability Company)	ds.)
The Articles of Organization for this Limited Liabilit	•	2,2016 and assigned
This amendment is submitted to amend the following	g.	
A. If amending name, enter the new name of the Polymothy Constitution.  The new name musube distinguishable and contain the words.	n Grove LLC	C" or the abbreviation "L.L C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	ODRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered agent and/or the new registered office a	egistered office address on our record	SECRETARY OF STATE ALLAHASSEE FLORIDA TO THE PROPERTY OF STATE OR THE PROPERTY OF STATE OR THE PROPERTY OF THE
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	ss
	, FI	orida
	NO.	zip Gode

## 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 **Title** <u>Name</u> Address Type of Action \_□ Add \_\_\_\_\_ Change \_ 🗆 Add \_□ Remove ☐ Change □ Add ြ Change □ Add \_□ Remove □ Change \_□ Add \_□ Remove \_□ Change D Add □ Remove

\_□ Change

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	**
Effective date, if other than the date of filing:	(optional) at be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3), the applicable statutors filing.
Note: If the date inserted in this block does not meet the document's effective date on the Department of State's	
document 3 effective date on the Department of State \$ 1	records.
the record specifies a delayed effective date, I	but not an effective time, at 12:01 a.m. on the earlier of:
) The 90th day after the record is filed.	
	_1_/
Dated $6/8/8$	
Dated 6/8/18	
	or authorized representative of a member

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Filing Fee: \$25.00