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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

12:11-18

COVER LETTER

TO:

TO:	Registration Sec Division of Cor			
0133		HANDYMAN, LLC		
SUBJI	ECT:	Name of Limi	ited Liability Company	
The en	closed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter t	to the following:	
		WANDA G. LANG		
			Name of Person	
		CARANDA INVESTMEN	VT GROUP, LLC.	
			Firm/Company	
		21179 JUEGO CIRCLE		
			Address	
		BOCA RATON, FL 3343	33	
		wgl811@gmail.com	City/State and Zip Code	
		E-mail address: (t	to be used for future annual report notification)	
For fu	rther information co	oncerning this matter, please ca	all:	
	WANDA G. LA	ANG	561 212-1455 at ()	
	Name of	Person	Area Code Daytime Telephone Number	
Enclas	eed is a check for th	e following amount:		
	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified C	of Status &
	Registr Divisio P.O. Bo	ation Section n of Corporations ox 6327 ssee, 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

PDS MR. HANDYMAN, LLC				
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L16000159780</u> .	were filed on AUGUST 26, 2016 and assigned			
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:			
CARANDA INVESTMENT GROUP, LLC				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	CARANDA INVESTMENT GROUP, LLC			
Principal office address MUST BE A STREET ADDRESS)	21179 JUEGO CIRCLE			
•	BOCA RATON, FL 33433			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of	ffice address on our records enter the name of the			
registered agent and/or the new registered office address her				
Name of New Registered Agent:	70 STC 2018			
New Registered Office Address:	Enter Florida street address SSN: 1.			
New Registered Agent's Signature, if changing Registered Agent:	City Zip Edde			

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>	<u>Address</u>	Type of Action
MGR	WANDA G. LANG	21179 JUEGO CIRCLE BOCA RATON, FL 33433	Add
			Remove
			☐ Change
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			Remove
			Change
			Add
			☐ Remove
			□ Change
			TALLAHASS
			SSEE DAdd
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			Change
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active date if atl	er than the date of filing:		(ontional)	
n effective date is liste	d, the date must be specific and creted in this block does not me	annot be prior to date o	f filing or more than 90 days	s after filing.) Pursuar	
	date on the Department of Sta				
	s a delayed effective da ter the record is filed.	te, but not an ef	fective time, at 12:	01 a.m. on the	earlier c
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00