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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Carib Tanb Carib Handyman 746 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:
Jans Carib Handyman L.L.C.
2509 old Bairbridge rd Apt A
Tallahossee fil 32303 Address
City/State and Zip Code
Baryhenry 79. apmail . Com E-mail address: (to be used to future annual report notification)
For further information concerning this matter, please call:
Tan Henry at (160) 241 - 5770 Name of Person Area Code Daytime Telephone Number
Englaced is a check for the following amount.
Enclosed is a check for the following amount: \$\Begin{array}{cccccccccccccccccccccccccccccccccccc

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

Ton Carb Handy (Name of the Limited Liability Comp (A Florida Limited	nany as it now appears on our records.) Liability Company)	 .
The Articles of Organization for this Limited Liability Company	y were filed on May 1, 2013	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 Liab Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2509 old Bainbride	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he Name of New Registered Agent: New Registered Office Address:		the name of the new
	•	5

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 Type of Action <u>Title</u> Name Address □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change _□ Add □ Remove _□ Change Change □ Add ☐ Remove ☐ Change □ Add □ Remove

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