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COVER LETTER

O: Registration Section Division of Corporations
UBJECT: COOS (CC) Name of Limited Liability Company
he enclosed Articles of Amendment and fee(s) are submitted for filing.
lease return all correspondence concerning this matter to the following:
Name of Person
Ginis Pools UC Firm/Company
2701 Oak Wind Ct.
St. Clark Fl 34772 City/State and Zip Code
Germail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
Jenny Harrington at (407) 579-4228 Name of Person Daytime Telephone Number
inclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Book Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$\text{Certified Copy} & Certified Copy (additional copy is enclosed) \$\Bigcup \$\text{Certified Copy} & Certified Copy (additional copy is enclosed) \$\Bigcup \$\text{Certified Copy} & Certified Copy (additional copy is enclosed) \$\Bigcup \$\text{Certified Copy} & Certified Copy (additional copy is enclosed) \$\Bigcup \$\text{Certified Copy} & Certified Copy (additional copy is enclosed) \$\Bigcup \$\text{Certified Copy} & Certified Copy (additional copy is enclosed) \$\Bigcup \$\text{Certified Copy} & Certified Copy (additional copy is enclosed) \$\Bigcup \$\text{Certified Copy} & Certified Copy (additional copy is enclosed) \$\Bigcup \$\text{Certified Copy} & Certified Copy (additional copy is enclosed) \$\Bigcup \$\text{Certified Copy} & Certified Copy (additional copy is enclosed) \$\Bigcup \$\text{Certified Copy} & Certified Copy (additional copy is enclosed) \$\Bigcup \$\text{Certified Copy} & Certified Copy (additional copy is enclosed) \$\Bigcup \$\text{Certified Copy} & Certified Copy (additional copy is enclosed) \$\Bigcup \$\text{Certified Copy} & Certified Copy (additional copy is enclosed) \$\Bigcup \$\text{Certified Copy} & Certified Copy (additional copy is enclosed) \$\Bigcup \$\text{Certified Copy} & Certified Copy (additional copy is enclosed) \$\Bigcup \$\text{Certified Copy} & Certified Copy (additional copy is enclosed) \$\Bigcup \$\text{Certified Copy} & Certified Copy (additional copy is enclosed) \$\Bigcup \$\text{Certified Copy} & Certified Copy (additional copy is enclosed) \$\Bigcup \$\text{Certified Copy} & Certified Copy (additional copy is enclosed) \$\Bigcup \$\text{Certified Copy} & Certified Copy (additional copy is enclosed) \$\Bigcup \$\text{Certified Copy} & Certified Copy (additional copy is enclosed) \$\Bigcup \$\text{Certified Copy} & Certified Copy (additional copy is enclosed) \$\Bigcup \$\text{Certified Copy} & Certified Copy (additional copy is enclosed) \$\Bigcup \$\text{Certified Copy} & Certif

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

FILED

Gunis Par	0/5 (/(
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on ited Liability Company)	TALLAHA	GF STATE SSEE. FL
The Articles of Organization for this Limited Liability Comp	any were filed on	122/17	and assigned
Florida document number <u>L17600112616</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
The new name must be distinguishable and contain the words "Limited L	Handy mai	nation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:	NA		
(Principal office address MUST BE A STREET ADDRESS	ber L 17600117616. comitted to amend the following: company here: company here		
			
Enter new mailing address, if applicable:	_U/A_	<u></u>	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ır records, <u>enter t</u> l	ne name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida	street address	
		, Florida	7:- C . d .
	Cuy		лір Сойе

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
4		□ Remove	
		☐ Change	
		□ Add	
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an effi ote:	ive date, if other than the date of filing: 10 17018 (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
e rec The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ated .	
ated .	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00