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NECRETARY OF STATE
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COVER LETTER

TO:

Registration Section Division of Corporations

MAILING ADDRESS: Registration Section

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

SUBJECT: Handyman Rawls, LLC Name of Limited Liability Company
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:
Karen Hiers Name of Person
KBH ACCOUNTING! Tax, LCC
3494 Citation Dr. Address
Green Cove Spas, Ft 32043 City/State and Sip Code
City/State and Zip Code Karenhiers a bell south net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Karen Hers at (and) 219-1206 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & \$\Bigcup \\$55.00 Filing Fee & \$\Bigcup \\$60.00 Filing Fee, \$\Certificate of Status & Certified Copy (additional copy is enclosed) \$\Bigcup \\$60.00 Filing Fee, \$\Certified Copy (additional copy is enclosed) \$\Bigcup \\$60.00 Filing Fee, \$\Certified Copy (additional copy is enclosed) \$\Bigcup \\$60.00 Filing Fee, \$\Big
MAILING ADDRESS: STREET/COURIER ADDRESS:

Registration Section

Division of Corporations Clifton Building 2601 Executive Center Circle

Tallahassee, Fl. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Handyman Rawls.	LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) aability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000242073</u>	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab Rawls Special Hies, The new name must be distinguishable and contain the words "Limited Liabi"	LLC	abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2834 Woodbrid Green Cove Spgs,	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2834 Woodbridge Green Cove Spgss,	Crossing C+.
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		r the name of the new
Name of New Registered Agent:		FILE C 21 IASSES
New Registered Office Address:	Enter Florida street address	<u></u>
	, Florida _	Zip Collè

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

	Authorized Person(s) authorized to ma from our records:	image, enter the title, name, and address of each	person being added
MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
Mgr	Peggy Rawls	2834 Wood bridge Crossi Grein Cove Spgs, FL 3201	My Kadd
		Grein Cove Spgs, 12 3200	B □ Remove □ Change
Mar	Joshua Rawu	100 Arthur Mare Dr	
J		100 Arthur Mare Dr Green Cove Spg, PC 3204	Remove
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