# 118000022867

(Req	uestor's Name)	
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(Add	ress)	
(City)	/State/Zip/Phone	e #)
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## **COVER LETTER**

|              | egistration Sec<br>vision of Corp                                                                                                                                                                                                                                                                        |                                                 |                                                                     |                                                                                                     |
|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| SUBJECT      | HANDY HA                                                                                                                                                                                                                                                                                                 | ANDS PAINTING AND MOF                           | RE, LLC                                                             |                                                                                                     |
| SUBJECT      | •                                                                                                                                                                                                                                                                                                        | Name of Lim                                     | ited Liability Company                                              |                                                                                                     |
| The enclose  | ed Articles of a                                                                                                                                                                                                                                                                                         | Amendment and fee(s) are sub                    | mitted for filing.                                                  |                                                                                                     |
| Please retui | m all correspor                                                                                                                                                                                                                                                                                          | ndence concerning this matter                   | to the following:                                                   |                                                                                                     |
|              |                                                                                                                                                                                                                                                                                                          | STEPHEN GROENE                                  |                                                                     |                                                                                                     |
|              |                                                                                                                                                                                                                                                                                                          | -                                               | Name of Person                                                      |                                                                                                     |
|              |                                                                                                                                                                                                                                                                                                          | HANDY HANDS PAINTI                              | NG AND MORE, LLC                                                    |                                                                                                     |
|              |                                                                                                                                                                                                                                                                                                          |                                                 | Firm/Company                                                        |                                                                                                     |
|              |                                                                                                                                                                                                                                                                                                          | 6313 OLETA WAY                                  |                                                                     |                                                                                                     |
|              | Name of Person HANDY HANDS PAINTING AND MORE, LLC  Firm/Company 6313 OLETA WAY  Address  JACKSONVILLE, FL 32258  City/State and Zip Code STEF4G@GMAIL.COM  E-mail address: (to be used for future annual report notification)  rinformation concerning this matter, please call:  N GROENE  904 352-9668 |                                                 |                                                                     |                                                                                                     |
|              |                                                                                                                                                                                                                                                                                                          | JACKSONVILLE, FL 322                            | 258                                                                 |                                                                                                     |
|              |                                                                                                                                                                                                                                                                                                          | STEF4G@GMAIL.COM                                | City/State and Zip Code                                             |                                                                                                     |
|              |                                                                                                                                                                                                                                                                                                          | E-mail address: (                               | to be used for future annual report notifi                          | cation)                                                                                             |
| For further  | information co                                                                                                                                                                                                                                                                                           | oncerning this matter, please ca                | ill:                                                                |                                                                                                     |
| STEPHEN      | N GROENE                                                                                                                                                                                                                                                                                                 |                                                 |                                                                     |                                                                                                     |
|              | Name of                                                                                                                                                                                                                                                                                                  | Person                                          | Area Code Daytime                                                   | Telephone Number                                                                                    |
| Enclosed is  | a check for th                                                                                                                                                                                                                                                                                           | e following amount:                             |                                                                     |                                                                                                     |
| \$25,00      | Filing Fee                                                                                                                                                                                                                                                                                               | ☐ \$30.00 Filing Fee &<br>Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|              |                                                                                                                                                                                                                                                                                                          |                                                 |                                                                     |                                                                                                     |

MAILING ADDRESS:

TÒ:

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

| HANDY HANDS PAINTING AND MORE, LLC                                                             |                                                                    |                                       |
|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|---------------------------------------|
| (Name of the Limited Liability Co.<br>(A Florida Limi                                          | mpany as it now appears on our records.)<br>led Liability Company) |                                       |
| The Articles of Organization for this Limited Liability Comparida document number L18000022867 | any were filed on 01/25/2018                                       | and assigned                          |
| his amendment is submitted to amend the following:                                             |                                                                    |                                       |
| a. If amending name, <u>enter the new name of the limited l</u>                                | iability company here:                                             |                                       |
| he new name must be distinguishable and contain the words "Limited L                           | iability Company," the designation "LLC" or                        | the abbreviation "L.L.C."             |
| Enter new principal offices address, if applicable:                                            |                                                                    | <u> </u>                              |
| Principal office address MUST BE A STREET ADDRESS                                              | 2                                                                  |                                       |
|                                                                                                |                                                                    | S S S S S S S S S S S S S S S S S S S |
|                                                                                                |                                                                    | 4                                     |
| nter new mailing address, if applicable:                                                       |                                                                    | 20<br>20                              |
| Mailing address MAY BE A POST OFFICE BOX)                                                      |                                                                    | <b>₹</b>                              |
| nualing underess may be at our office boxy                                                     | 46                                                                 | <b>œ</b> हैं€                         |
|                                                                                                | -                                                                  | <u> </u>                              |
| 3. If amending the registered agent and/or registered                                          | l office address on our records, e                                 | nter the name of the                  |
| egistered agent and/or the new registered office address                                       |                                                                    |                                       |
|                                                                                                |                                                                    |                                       |
| Name of New Registered Agent:                                                                  |                                                                    |                                       |
| New Registered Office Address:                                                                 |                                                                    |                                       |
| New Registered Office Address.                                                                 | Enter Florida street address                                       | <u> </u>                              |
|                                                                                                | , Floric                                                           | la                                    |
|                                                                                                | City                                                               | Zip Code                              |

#### 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 |
|--------------|----------------|----------------------------------------|----------------|
| MGR          | STEPHEN GROENE | 6313 OLETA WAY JACKSONVILLE, FL. 32258 | ■ Add          |
|              |                |                                        | □ Remove       |
|              |                |                                        | Change         |
| AMBR         | STEPHEN GROENE | 6313 OLETA WAY JACKSONVILLE, FL 32258  | ≅ Add          |
|              |                |                                        | □ Remove       |
|              |                |                                        | Change         |
| MGR          | BETHANY BROWN  | 6313 OLETA WAY JACKSONVILLE, FL. 32258 | Add            |
|              |                |                                        | □ Remove       |
|              |                |                                        | Change         |
| AMBR         | BETHANY BROWN  | 6313 OLETA WAY JACKSONVILLE, FL 32258  | <b>₽</b> Add   |
|              |                |                                        | ☐ Remove       |
|              |                | <del></del>                            | □ Change       |
|              |                |                                        |                |
|              |                | <del></del>                            | □ Remove       |
|              |                |                                        | □ Change       |
| <del></del>  |                |                                        |                |
|              |                |                                        | ☐ Remove       |
|              |                |                                        | ☐ Change       |

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Typed or printed name of signee

Filing Fee: \$25.00