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(R	equestor's Name)	
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SECRETARY OF BIAIN

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COVER LETTER

TO:		gistration Se vision of Cor					
CHB	IECT.	DYNAMITE	E HOME IMPROVEMENTS	LLC			
SUB	JECT:		Name of Limi	ited Liability Company			
The e	enclose	d Articles of .	Amendment and fee(s) are sub	mitted for filing.			
Pleas	se returi	n all correspo	ndence concerning this matter	to the following:			
			CHANDRA GABEL				
			11 11 711	Name of Person			
			DYNAMITE HOME IMPR	ROVEMENTS LLC			
			- 	Firm/Company			
			162 PATCH AVE				
				Address			
			CRESTVIEW FL 32539				
			.	City/State and Zip Code		2018 SE(
			CHANDRAKAYGABEL@				7
For f	urther i	nformation c	E-mail address: (to oncerning this matter, please ca	to be used for future annual report notificall:	cation)	30 ARY (SSEE	
CHA	NDRA	GABEL		850 465-2077 at ()		PH 2: L OF S1A FLOR	Last.
		Name o	f Person	Area Code Daytime	Telephone Number	12	
Encl	osed is	a check for th	ne following amount:				
	\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	

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

DYNAMITE HOME IMPROVEMENTS LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on FEBUARY 01,2018 and assigned Florida document number _ L18000029891 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: HANDYMAN TO THE STARS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 2260 SOUTH FERDON BLVD #245 Enter new mailing address, if applicable: CRESTVIEW FL 32536 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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> Fitle</u>	<u>Name</u>	Address	Type of Action
MGR	RICHARD BLAKE	2260 S FERDON BLVD #245	⊞ Add
		CRESTVIEW FL 32536	□ Remove
			Change
			Remove
			Change
			Remove
			SSEE FLORIDA Remove
			□ Change
			Remove
			Change
			
			Remove
			□ Change

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ective date, if other than the date of filing:	(optional)
ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date e: If the date inserted in this block does not meet the applicable s	e of filing or more than 90 days after filing.) Pursuant to 605.020 statutory filing requirements, this date will not be listed a
ument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an he 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlier of
ed,	
Signature of a member or authorized	

Page 3 of 3

Typed or printed name of signce

Filing Fee: \$25.00