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COVER LETTER

Div	ision of Cor	porations		
SUBJECT:		tleman, LLC	··	
5 020 2011		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
		indence concerning this matter		
r rease return	ran correspo	ridence concerning this matter	to the following.	
		Robin C. Nagele		
			Name of Person	
		Handy Gentleman, LLC		
			Firm/Company	
		2212 Willow Tree Trail		
			Address	
		Clearwater, Floria. 33763		
		renages@gmail.com	City/State and Zip Code	
		E-mail address: ()	to be used for future annual report notifi	cation)
For further is	nformation c	oncerning this matter, please ca	all:	
Robin C. Na	gele		727 307-4757	
	Name o	f Person		Telephone Number
Enclosed is a	check for th	ne following amount:		
□ \$25.00 F	iling Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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 Gentleman, LLC		
(<u>Name of the Limited Liability</u> (A Florida	Company as it now appears on our records.) Limited Liability Company))
The Articles of Organization for this Limited Liability Co	ompany were filed on 02/05/2018	and assigned
Florida document number L18000031323	- :	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
he new name must be distinguishable and contain the words "Limit	ted 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 ADDR	ESS)	2019 SAL
		> = = = = = = = = = = = = = = = = = = =
		B 27 IAR IASS
Enter new mailing address, if applicable:		1.04 ° *
Mailing address MAY BE A POST OFFICE BOX)		
		D: 20
		<u> </u>
If amending the registered agent and/or registered agent and/or the new registered office address.	-	enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		ida
	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	Robín C. Nagele	2212 Willow Tree Trail Clearwater, Florida, 33763	_B Add
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			□ Remove
			Change
		□ Add	
			Remove
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Effectiv	e date, if other than the outive date is listed, the date must	date of filing:	reior to date of filing o	opt r more than 90 days after	ional) r filing \ Pursuant to 605 020
Note: 1	f the date inserted in this blo	ck does not meet the ap	plicable statutory fi		
docume	nt's effective date on the De	partment of State's reco	ords.		
	ord specifies a delayed 90th day after the reco		not an effectiv	e time, at 12:01	a.m. on the earlier o
F Dated _	ebruary 19	2019)	
17atCG		An.	77 //		
			lant		
	/	U8/111/\ / /	V4/101	ive of a member	

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Typed or printed name of signee

Filing Fee: \$25.00