L18000031548

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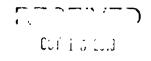
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S. PRATHER

Notification of Business Name Change for LLC

Date: October 3 2018

To: Florida Dept of State Division of Corporations

Re: Change of LLC Name

Attached is the LLC form for the name change.

After you have updated your records, please send a written confirmation to:

Oral Walker

2724 S University Dr- Unit 14A

Davie, FL 33328

Please let me know if you have any questions, or need anything else.

Thank you,

Name: Oral Walker

Title: CEO

Phone: 954 625 4385

Email: Walkero@hotmail.com

COVER LETTER

HONEST R	EAL ESTATE INVESTORS I	LLC						
,	NI CI'							
	Name of Lim	ited Liability Company						
l Articles of a	Amendment and fee(s) are sub-	mitted for filing.						
all correspon	ndence concerning this matter	to the following:						
	ORAL WALKER							
		Name of Person						
	HONEST REAL ESTATE INVESTORS LLC							
		Firm/Company						
	2724 S UNIVERSITY DR UNIT 14A							
	·	Address						
	DAVIE/FLORIDA 33328							
	WALKERO@HOTMAIL.C	City/State and Zip Code COM						
	E-mail address: (to be used for future annual report notific	cation)					
nformation co	oncerning this matter, please ca	all:						
.KER		954 625-4385						
Name of	Person		Telephone Number					
check for th	e following amount:							
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)					
	nformation co LKER	ORAL WALKER HONEST REAL ESTATE 2724 S UNIVERSITY DR DAVIE/FLORIDA 33328 WALKERO@HOTMAIL.C E-mail address: (Information concerning this matter, please called LKER Name of Person a check for the following amount: Eiling Fee	Name of Person HONEST REAL ESTATE INVESTORS LLC Firm/Company 2724 S UNIVERSITY DR UNIT 14A Address DAVIE/FLORIDA 33328 City/State and Zip Code WALKERO@HOTMAIL.COM E-mail address: (to be used for future annual report notification concerning this matter, please call: LKER Name of Person Area Code Daytime a check for the following amount: Siling Fee Certificate of Status City/State and Zip Code MALKERO@HOTMAIL.COM E-mail address: (to be used for future annual report notification concerning this matter, please call: LKER 1					

MAILING ADDRESS:

Registration Section

TO:

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

HONEST REAL ESTATE INVESTORS, 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 $\frac{02/05/2018}{2}$ Florida document number L18000031548 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MARINE VET HANDYMAN SERVICES, 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) Enter new mailing address, if applicable: (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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			☐ Change
			Add
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. If amending a	any other informatio	on, enter cl	hange(s) her	e: (Attach ade	litional sheet:	s, if necessai	ŢV.)		
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OR	AL WALKER						HASSE		
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Page 3 of 3

Filing Fee: \$25.00