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DIVISION OF CURPURATION

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COVER LETTER

Division of Cor	porations		
SUBJECT: Hand	y Troy of the T	TEASUIE COAST, LC	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Troy	Smith Name of Person	
	Handy Troy	of the Treasure Co	oast, LLC
	9550 814	S+ Address	
	Vero Beac	h FZ 37447 City/State and Zip Code	
	+dSmith 1) E-mail address: (108 C att. net	ication)
For further information co	oncerning this matter, please ca		
Troy Sr	nith	at (<u>772</u>) <u>321- 9</u> Area Code Daytime	76.7
Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for th	· ·		
\$25,00 Filing 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 Troy of the Tree		
(A Florida Li	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number <u>しいる000101453</u>	mpany were filed on <u>April 23, 2018</u> and assign	ned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability 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 ADDRE.	SS)	36 25
	Z	<u>?</u> -स्ट्री=ः
	Q	28.50 28.50
Enter new mailing address, if applicable:	-	- 경도학
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	差别
<u> </u>		<u> </u>
	red office address on our records, enter the name of	the new
registered agent and/or the new registered office addres	ss here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Amb R	Tray Smith	9550 815 St, Veno Bch	FZ XAdd
			Remove
			Change
MGR	Troy Smith	9550 814St, Veno Boh, Fo 3	2947 XAdd
			Remove
			Change
			🗆 Add
			☐ Remove
		·	Change
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ective date, if other effective date is listed, te: If the date inserte nument's effective da	the date must be speci d in this block does	ific and can s not meet	not be prior t the applica	o date of tilin	g or more that		iling.) Pursuant	
record specifies a he 90th day afte			e, but not	an effect	ive time,	at 12:01 a.	m. on the e	earlier
cd June	12		2018	_ ·				
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Filing Fee: \$25.00