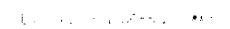
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## **COVER LETTER**

Division of Cor	rporations		
CHRIECT.	Handy Pr	o Solutions, LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Ennio Sasso	
		Name of Person	
		Firm/Company	<u> </u>
		8206 Mystic View Way	
		Address	
		Windermere, FL 34786	
		City/State and Zip Code nandypsolutions@gmail.com	
		to be used for future annual report notific	cation)
For further information c	concerning this matter, please c	all:	
Ennio Sasso		786 630-2673	
Name e	of Person	786 630-2673  at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
■ \$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:

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

high sylt now appears on our records.) Liability Company)  were filed on 05/03/2018  pility company here:	and assigned
	and assigned
oility company here:	
oility company here:	
ility Company," the designation "LLC" o	or the abbreviation "L.L.C."
	<b>:</b>
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ffice address on our records, re:	enter the name of the
<del>.</del>	
Enter Florida street address	<del>_</del> .
	ida

## 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
AMBR	Angelica M Gimenez	8206 Mystic View Way	<b></b>
		Wardsenere, Fl 34784	
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			☐ Change
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ective date, if othen a cffective date is listed,	the date must be spec	ific and cannot be p	rior to date of fili	ng or more than 90 da	( <b>optional)</b> lys after filing.) Purs	uant to 605.02
te: If the date inserte	ed in this block does	s not meet the ap	plicable statutoi	y filing requiremen	nts, this date will	not be listed
	on the Dapara		. — .			
record specifies	a delaved effect	tive date, but	not an effec	tive time, at 12	2:01 a.m. on t	he earlier
The 90th day afte	r the record is	filed.				
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Page 3 of 3

Filing Fee: \$25.00