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COVER LETTER.

TO: Registration Section Division of Corporations
SUBJECT: 6 Kalousa Hondyman LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Desiree Patterson Name of Person
Okalosa Hardyman UC Errn/Company
Ce121 Lake Ella Rd Address
Crestinew FL 32839 City/State and Zip Code
O'CA locisch Mandyman Q ou Hack, rom. E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Desirve Paterson at (85) 55-119 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount: \$\sum_{\sum_{\text{S25.00 Filing Fee}}} \text{ \$\sum_{\text{S30.00 Filing Fee}} \text{ \$\sum_{\text{S55.00 Filing Fee}} \text{ \$\sum_{\text{Certified Copy}} \text{ \$\center{\text{Certified Copy} \text{ \$\text{Certified Copy} \tex

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

Okaloosa Handyman	pany as it now appears on our records.) d Liability Company)	·····
(A Pfonda Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Company	ny were filed on JUN, 41, 2018 as	nd assigned
Florida document number <u>L1800013795 (e</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liub	bility Company," the designation "LLC" or the abbreviati	on "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		— 13 S
	 	3S 3
		つ 第555
Enter new mailing address, if applicable:		2 gg
(Mailing address MAY BE A POST OFFICE BOX)		
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		0
B. If amending the registered agent and/or registered of		ame of the new
registered agent and/or the new registered office address her	::re:	
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street address	
	, Florida	Code
New Registered Agent's Signature, if changing Registered Agent	,	
		
I hereby accept the appointment as registered agent and age provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	te performance of my duties, and I am familia s provided for in Chapter 605, F.S. Or, if this	r with and document is

Page 1 of 3

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
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			□ Remove
			Change
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ote: If the date	other than the date must be disted, the date must be inserted in this block ive date on the Department.	does not me	et the applica	o date of filing oble statutory f	or more than 90 iling requiren	(optional days after filing tents, this date) 3.) Pursuant to 605.0 will not be listed
	ifies a delayed e after the record		te, but not	an effectiv	e time, at	12:01 a.m.	on the earlier
			2018				

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Filing Fee: \$25.00