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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	 Filina Officer:	
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COVER LETTER

TO:	Registration Sec Division of Corp			
	Handyman i	lammers LLC		
SUBJ	ECT:	Name of Limit	ed Liability Company	
٠.			invel for tiling	
		Amendment and fee(s) are subn		
Please	return all correspor	ndence concerning this matter t	o the following:	
		Kevin Hammers		
			Name of Person	
		Handyman Hammers LLC		
			Firm/Company	
		3112 Oriole Dr. Unit 104		
			Address	·
		Sarasota, Fl 34243		
		<u>-</u>	City/State and Zip Code	
		Handymanhammers@gmail		
		E-mail address: ()	to be used for future annual report notifi	eation)
For fu	orther information co	oncerning this matter, please ca	all:	
Kevii	n Hammers		941 894-4500	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclo	sed is a check for th	ne following amount:		
□ S:	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 radditional copy is enclosed)

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**

Handyman Hammers LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number	npany were filed on	and assigned
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:		
(Principal office address MUST BE A STREET ADDRE.	<u></u>	3 2
		TR AUG
		그 유전.
Enter new mailing address, if applicable:		9 CO
(Mailing address MAY BE A POST OFFICE BOX)		A Report
		0: RA
B. If amending the registered agent and/or register registered agent and/or the new registered office address	red office address on our records, <u>er</u> s <u>s here</u> :	nter the name of the nev
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 A	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
Owner	Kevin Lawrence Hammers	3112 Oriole Dr. Unit 104	<u>≨</u> Add
		Sarasota, Fl 34243	E Parameter
			☐ Change
			☐ Remove
			Change
	.		Add
			Remove
			☐ Change
			
			□ Remove
			☐ Change
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ffecti	ve date, if other than the date of filing: (optional)	
an effe	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant	to 605.0
<u>(ote:</u> ocum	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not bent's effective date on the Department of State's records.	ae listed
	•	
a roc	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the	earlier
	90th day after the record is filed.	Curner
ntad	08-01-2018	
aicu .	00 01 201	
	Signature of a member or authorized representative of a member Keuin L. Hammer	_

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Filing Fee: \$25.00