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Certified Copies	Certificates	of Status
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Office Use Only

COVER LETTER

TO: Registration Section Division of Corp				
SUBJECT: PMN	1 Handy Wor Name of Lim	k + Renovations ited Liability Company	LLC:	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	Paol	name of Person		
	PMM	Renovations Firm/Company		
	1311 Ang	geline Ave.		22 AUG -
	Orlando	FR 32807 City/State and Zip Code		06 (086) -8 AM
	F:-mail address: (novations Carried to be used for future annual report potific	<u>rail, com</u>	1 9: 06
For further information co.	ncerning this matter, please c	all:		Ad ^a .
Annehe Name of	LE12ÁV	at (407) 391-51 Area Code Daytime	Telephone Number	-
Enclosed is a check for the	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 Fe Certificate of \$1 Certified Copy (additional copy is)	tatus &
<u>Mailing Address</u> Registration Se		Street Address: Registration Sec	tion	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YMM Handy L	work + Renovations LLC
(A Florida L	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Cor	mpany were filed on $\frac{641043018}{}$ and assigned
lorida document number <u>L18000312297</u>	
	•
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
PMM Repovations	110.
he new name must be distinguishable and contain the words "Limite	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	255)
rancipul office uddress most be A STREET ADDRE	
	N -
	2 원 > ***
Inter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
If amonding the registered agent and/or registered	office address on our records, enter the name of the new registere
gent and/or the new registered office address here:	ornice address on our records, enter the name of the frew registere
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida City Zin 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 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>	<u>Address</u>	Type of Action
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			□Remove
			□Change
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ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of fil E. If the date inserted in this block does not meet the applicable statute	(optional) iling or more than 90 days after filing.) Pursu ory filing requirements, this date will no	ant to 605.02 of be listed
ument's effective date on the Department of State's records.		
cord specifies a delayed effective date, but not an effective time, at 12:0	01 a.m. on the earlier of: (b) The 90th	day after th
filed.		
August 2 2002		
ed August 3 . 2002)	
	centarive of a member	
Signature of a member of support of con-		