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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: K. Stokes Handy Hands Installation LLC Name by 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:
Kevin Stokes Name of Person
Firm/Company
2442 Nobel Ave South
Lehigh Aus Fl 33973 City/State and Zip Code
STUKES KEVIN 87 EUCHOAL COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kevin Stokes at 231; 2454956 Name of Person at 231; Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, \$\Bigcup \$

JUAILING 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

The Articles of Organization for this Limited Liability Company were filed on _ Florida document number L18000236701 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C. Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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

Title Name	Address	Type of Action
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). If amending any oth	er information, enter o	change(s) here: (At	tach additional si	heets, if necessar	v.)
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to K.	Stokes H	iandy H	icinds Ir	<u>15ta 11 (</u>	ition LL
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(If an effective date is liste Note: If the date inser	ner than the date of fili d, the date must be specific a rted in this block does not date on the Department of	nd cannot be prior to dat meet the applicable s	e of filing or more tha	n 90 days after filing	2.) Pursuant to 605.0207 (3
f the record specifies b) The 90th day af	s a delayed effective ter the record is filed	date, but not an d.	effective time,	at 12:01 a.m.	on the earlier of:
Dated NOV.	KS	. 2018.			
	KStores	a member or authorized			
	_				
	evin Stoke	> Typed or printed nar	ne of signee		

Page 3 of 3

Filing Fee: \$25.00