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COVER LETTER

	tration Section on of Corpor			
SUBJECT: _	Su	<u> </u>	imited Liability Company	
The enclosed A	articles of Am	endment and fee(s) are su	ubmitted for filing.	
Please return al	l corresponde	nce concerning this matte	er to the following:	
		G	lenn Salt III	
			Firm/Company	
		3354	1 D Meridian	Way S.
	_	PBO above a E-mail address:	FL 33410 City/State and Zip Code The Lond Dolm beo To be used for future annual report noti	th @ gmail.com
For further info	rmation conce	erning this matter, please	call:	
	(JENY) Name of Per	Salk III	at (<u>56 </u>) <u>720-</u> Area Code Daytim	- 405 à e Telephone Number
Enclosed is a ch	neck for the fo	llowing amount:		,
□ \$25.00 Filir	ng 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 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**

١



Zip Code

Sure Can Hand	man	LLC		- Political Property
(Name of the Limited L.) (A F	ability Com lorida Limite	ipany as it now app ed Liability Compan	ears on our records.)	
The Articles of Organization for this Limited Liabili		ny were filed on	Nov. 14, 2	LOIR and assigned
This amendment is submitted to amend the followin	g:			
A. If amending name, enter the new name of the Above and Beyon. The new name must be distinguishable and contain the words				the abbreviation "L.L.C."
Enter new principal offices address, if applicable		-	· · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A STREET A	DDRESS)	-		
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX	2			
B. If amending the registered agent and/or r registered agent and/or the new registered office:	egistered address he	office address e <u>re</u> :	on our records, <u>e</u>	nter the name of the new
Name of New Registered Agent:				
New Registered Office Address:	·	F C	Yamida atau at Ita	
		Enler F	lorida street address	
-		City	Florid	aZip 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 Changing Registered Agent, Signature of New Registered Agent

or removed from our records: 18 DEC -7 PM 9: 09 MGR = Manager AMBR = Authorized Member <u>Title</u> Name <u>Address</u> **Type of Action** □ Add ☐ Remove ☐ Change _ 🗆 Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Remove _□ Change □ Add ☐ Remove ☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

		
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fective date, if other than the date of fine effective date is listed, the date must be specific ote: If the date inserted in this block does not current's effective date on the Department.	and cannot be prior to date of filing or more th of meet the applicable statutory filing req	uan 90 days after filing.) Pursuant to 605.02
record specifies a delayed effectiv The 90th day after the record is file	e date, but not an effective time, d.	, at 12:01 a.m. on the earlier
ted 12/5/18	_··	
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Signatura	a member or authorized representative of a r	nambur

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Filing Fee: \$25.00