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COVER LETTER

TO: Registration So Division of Co				
SUBJECT:	JM Palm Name of Lim	Beach Hun ited Liability Company	dyman IIC	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Joel	Matusof Name of Person		
		Im Beach Hund Firm/Company		
		AINI LAIIC Address	 	
	Riviera	Beach, FL City/State and Zip Code	33404	5 T T T T T T T T T T T T T T T T T T T
	E-mail address: (1	JC & GMAIL. Co to be used for future annual r	report notification)	Eb 21
For further information c	oncerning this matter, please ca	all:		Mare Statista
Heather R Name o	Benjanun i Persun	at (<u>206</u>) Area Code	330 - 1560 Daytime Telephone Number	
Enclosed is a check for th	ne following amount:			
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is encl.)	Certificat osed) Certified	e of Status &
Mailing Addres		Street Ad		
Registration S		_	tion 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

	Handyman LLC
(Name of the Limited Liability Comp. (A Florida Limited	pany as it'now appears on our records.) (Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 19 000C0 6506</u> .	y were filed on <u>Jan 4, 2019</u> and assigned
this amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	bility company here:
he new name must be distinguishable and contain the words "Limited Liab	vility 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)	
	\sim 2 \sim
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
If amending 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:	address on our records, enter the name of the new registere
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 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>	Address	Type of Action
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