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COVER LETTER

TO: Registration Section , Division of Corporations ,	
SUBJECT: Empire Handfman Services LLC Name of 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:	
Victoria Moore Name of Person	
Firm/Company	
2909 Garden Ter Ne	
Palm Bay FL 32905 City/State and Zip Code Victey made 820 yaras, com E-mail address: (to be used for future annual report notification)	
Victed more 820 yand, com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at (321) 914-4105 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$55.00 Filing Fee & 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**

	nan Services LLC	
(Name of the Limited I. (A F	iability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabil Florida document number	lity Company were filed on $28/2019$ and assigned 266 .	
This amendment is submitted to amend the followin	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."	-
Enter new principal offices address, if applicable	e: <u> </u>	_
(Principal office address MUST BE A STREET A	(DDRESS)	_
Enter new mailing address, if applicable:		- ا ا
(Mailing address MAY BE A POST OFFICE BOX	X) Sept 6	-
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the address here:	new
Name of New Registered Agent:		-
New Registered Office Address:	Enter Florida street address	-
	, Florida	
_	City Zip Code	-
New Registered Agent's Signature, if changing Regis	stered 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
AMBR	Heath Moore	2909 Garden Fer Ne	
		Palm Bay FL 32905	f Remove
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		2909 Garden Ter Ne Palm Bay FL 32905	Remove
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Effective date	, if other than th	e date of filir	ng:			(option	al)		
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Filing Fee: \$25.00