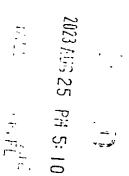
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(Requestor's Name)
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PICK-UP WAIT MAIL
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# **COVER LETTER**

то:	Registration Sec Division of Corp		Handyno	in
, SUBJI	•	Him und	John LC Gred Liability Company	
The en	closed Articles of A	Amendment and fee(s) are subt	nitted for filing.	
Please	return all correspor	dence concerning this matter t	to the following:	
		HC	Name of Person	<u> </u>
			Name of Person	
			Firm/Company	
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		Def. Sp	QS FL 3 Z	2435
		E-mail address: (t	o be used for future annual report notif	ication)
For fu	rther information co	ncerning this matter, please ca	il:	
<u> </u>	Name of	Person	at (SS) — U(9 Area Code) — Daytime	Telephone Number
Enclos	sed is a check for the	e following amount:		
<b>■</b> S2	25.00 Filing 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 Address: 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



2023 JUG 25 PH 5: 10

Him and John Handyman LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on \$\frac{5449/2019}{2019} - \text{05/09/2019}\$ and assigned Florida document number \$\frac{1.19000126010}{1.19000126010}\$

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 "LLC" 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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

Enter Florida street address

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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			Remove
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Effective date, if other than the date from effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	e specific and cannot be prior to t does not meet the applicab	date of filing or more than 90 le statutory filing requiren	(optional) days after filing.) Pursuam to 60 eents, this date will not be lis	95.0207 sted as
record specifies a delayed effective d d is filed.	ate, but not an effective time	e, at 12:01 a.m. on the earl	ier of: (b) The 90th day aft	er the
Dated August 13	. 2023			
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	gnature of a member or authorize	zed representative of a memb	<u></u>	
	gnature or a mention or authori	rea representative or a memo	<del>-</del> -	

Filing Fee: \$25.00