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# **COVER LETTER**

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all bird		ILL GENERAL SERVICES, I	LLC		
SUBJEC	l:	Name of Lim	ited Liability Company		
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please ret	urn all coπespo	ndence concerning this matter	to the following:		
		JOHNNY HILL			
			Name of Person		
		<del></del>	Firm/Company		
		846 WAYSIDE FARM RI			
			Address		
		HAVANA, FL 32333			
			City/State and Zip Code		
		JAMIEHILL8569@GMAI			
			to be used for future annual report no	tification)	
For furthe	er information c	oncerning this matter, please c	all:		
JOHNN	Y HILL		850 570-2697 at ()		
	Name o	f Person	Area Code Daytir	ne Telephone Number	
Enclosed	is a check for tl	ne following amount:			
<b>■</b> \$25.0	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 Addres Registration S		Street Address: Registration So	ection	
1	Division of C	orporations		Division of Corporations	
	P.O. Box 632 Tallahassee, l		The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 810	

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HANDY HILL GENERAL SERVICES, LLC				
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) oility Company)			
The Articles of Organization for this Limited Liability Company we	ere filed on 06/05/2019	and a	issigned	1
Florida document number L19000141712				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabilit	y company here:			
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the a	bbreviation *	L.L.C."	
Enter new principal offices address, if applicable:			_	
(Principal office address MUST BE A STREET ADDRESS)				
<u>-</u>		- ' ' '	(3)	
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Enter new mailing address, if applicable:			r <u>5</u>	
(Mailing address MAY BE A POST OFFICE BOX)			)#s	<u></u>
		. <u>-</u> .	<u> </u>	
		हिंस	2	
B. If amending the registered agent and/or registered office adeagent and/or the new registered office address here:	dress on our records, enter the nar	ne of the n	iew reg	<u>isterec</u>
Name of New Registered Agent:	<del></del>			
New Registered Office Address:	Enter Florida street address			
	, Florida	Zip Coo	 le	

#### 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

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
MGR	JAMIE HILL	846 WAYSIDE FARM RD HAVANA, FL 32333	🗆 Add
			Change
MGR	JACOB HILL	846 WAYSIDE FARM RD HAVANA, FL 32333	\exists Add
			□Remove
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			□Add
			□Remove
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ctive date, if other than the date of filing:	(optional)	nt to 605
e: If the date inserted in this block does not meet the applicable statuto	ry filing requirements, this date will no	ot be liste
ument's effective date on the Department of State's records.		
record specifies a delayed effective date, but not an effec	ctive time, at 12:01 a.m. on th	e earlie
ne 90th day after the record is filed.		
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Signature of a member or authorized repres	entative of a member	

Page 3 of 3