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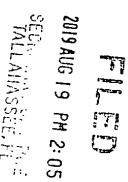
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COVER LETTER

го:	Registration Section Division of Corporations	· ,	
SUBJEG	CT: Handy Va	The Repairs 11C	
	Name of Lir	mited Liability Company	
The enc	losed Articles of Amendment and fee(s) are su	bmitted for filing.	
Please r	eturn all correspondence concerning this matte	er to the following:	
	$ V_{\alpha \alpha}$	Anthony Name of Person	<u> </u>
	Н	andy Van Repairs	Diffication) Security of the
	2353	Phylis Rae Dr. Address	
	Pace	FL. 32571 City/State and Zip Code	
		Crefing Q yahoo. com	
For fur	ther information concerning this matter, please	call:	
	Van Anthony Name of Person	at (828) 200 Area Code Daytime	7089 Telephone Number
Enclose	ed is a check for the following amount:		
\$2:	5.00 Filing Fee \$\to\$ San \$30.00 Filing Fee \$\text{Certificate of Status}\$	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	Registration Section Division of Corpor Clifton Building	n ations
	Tallahassee, FL 32314	2661 Executive Ce	nter Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENUMENT TO ARTICLES OF ORGANIZATION **OF**

Handy Van Kepa	irs rrc	
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our record oility Company)	<u>(S.</u>)
The Articles of Organization for this Limited Liability Company we Florida document number <u>L19000155396</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC	C" 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.	ice address on our recor	SEC. AHASSEE PH Cof the last of the last o
registered agent and/or the new registered office address here:		:)5
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	ess
	, 1	Florida Zip Code
Desirement Agents		
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 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

MGR = Manager AMBR = Authorized Member Type of Action Address <u>Title</u> Name 2353 Phylis Raz Drive Pace F1 32591 - Add Van Edward Anthony Remove ____Change 2353 Phylis Roe Dr. Pace FL 32571 Add AMBR Van Edward Anthony □ Remove ☐ Change □ Add ☐ Remove □ Change □ Add ☐ Remove □ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove _□ Change

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

or removed from our records:

						
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Note: If the d	e, if other than the determinent that is listed, the date must be attended in this blockective date on the Dep	K does not meet the	e applicable state	filing or more than 9 story filing require	(optional) 0 days after filing.) ments, this date w	Pursuant to 60 vill not be lis
ne record s The 90th	ecifies a delayed day after the reco	effective date, rd is filed.	but not an eff	fective time, a	: 12:01 a.m. o	n the earl
Dated	2-15-19					
		V_{-}	V $^{"}$	<u></u>	ahar	
-	S	Signature of a membe	r or authorized pep	resentative of a men	iloci	

Page 3 of 3

Filing Fee: \$25.00