## L19000 202 480

(Reque	estor's Name)	
(Addre	ss)	
(Addre	ss)	
(City/S	tate/Zip/Phone #	9
PICK-UP	MAIT	MAIL
(Busin	ess Entity Name	)
(Docur	ment Number)	
Certified Copies	Certificates o	f Status
Special Instructions to Fili	ng Officer:	

Office Use Only



600332901846

08/22/19--0**;**013--020 **\*\***25.00

Y SULKER AUG 3 0 2019

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tin to Hand	yman,	LLC			_	
(Name of the Limited L) (A F	<b>id</b> bility Company Torida Limited Lia	as it now appears on bility Company)	our records.)			
The Articles of Organization for this Limited Liabil Florida document number <u>L 19000 2002</u>	· ·	ere filed on	3 701	and	assign	ied
This amendment is submitted to amend the following	ng:					
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 desig	nation "LLC" or the	abbreviation	"L.L.C	<del>;</del>
Enter new principal offices address, if applicable	2:					
(Principal office address MUST BE A STREET A	DDRESS)					
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BO)	<u>X)</u> .					
					<u> </u>	
B. If amending the registered agent and/or	registered offic	ce address on ou	ır records, <u>ent</u>	er the nam	<u> </u>	the nev
registered agent and/or the new registered office	address here:		į	r	$\sim$	; ;===================================
Name of New Registered Agent:			<u> </u>	<u>.</u>	P ယ <u>ယ</u>	0
New Registered Office Address:		Para Plant	,		97.	
		Enter Florida	sireet aaaress			
_		City	, Florida	Zip Co	ode	
		City	•	2.97 (.0		

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 ham 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

or removed from our records: MGR = Manager AMBR = Authorized Member <u>Title</u> Name | <u>Address</u> Type of Action Thao T. Trieu MGR Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove \_□ Change ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

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

	·
	i
	· · · · · · · · · · · · · · · · · · ·
	<u>!</u>
	1
ective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of  e: If the date inserted in this block does not meet the applicable state ument's effective date on the Department of State's records.	filing or more than 90 days after filing.) Pursuant to 605.0
record specifies a delayed effective date, but not an eff ne 90th day after the record is filed.	rective time, at 12:01 a.m. on the earlie
ed 8/19/19	  -  -
Signature of a member or authorized reprinted name of a member of a member of authorized reprinted name of the state of a member of authorized reprinted name of the state of a member of authorized reprinted name of the state of a member of authorized reprinted name of the state of a member of authorized reprinted name of the state of a member of a member of authorized reprinted name of the state of a member of authorized reprinted name of the state of a member of authorized reprinted name of the state of a member of authorized reprinted name of the state of a member of authorized reprinted name of the state of a member of authorized reprinted name of the state of a member of authorized reprinted name of the state of a member of	resentative of a member
* Z	

Page 3 of 3

Filing Fee: \$25.00