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SECRETARY OF STATE.
TALLAHASSEF FISTARE.

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COVER LETTER

TO: Registration Section Division of Corporation			1
SUBJECT: Blf	E Handy Name of Limi	Services L	<u>.L.</u> C
The enclosed Articles of Ame	endment and fee(s) are sub	mitted for filing.	
Please return all corresponde	nce concerning this matter	to the following;	
-	Erica l	Name of Person	
	BRE Har	My Services	L.L.C
	147 Mitche	1 Road Address	
	Wewahite	nka Fl 324 City/State and Zip Code	
-	behandys E-mail address: (1	ervices 850 (a) o be used for future annual report no 66	Jamail. com
For further information conce	,		•
Erica Louc Name of Per	¥5 son	at (<u>850)</u> <u>364-</u> Area Code Daytime	7176 Telephone Number
Enclosed is a check for the fo	llowing amount:		
\$25.00 Filing Fee [S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Sect		Street Address: Registration Sec	
Division of Corp P.O. Box 6327	orations	Division of Corp	
Tallahassee, FL	32314	The Centre of Ta 2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLE HANDY SERVICES L.L	· C_
(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 Florida document number <u>L 19 000 2 84 1 64</u>	were filed on NOV. 14, 2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	vility company here:
The new name must be distinguishable and contain the words "Limited Liabi Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	lity Company," the designation "L.C." or the abbreviation "L.C." 147 Mitchel Road Wewahitchka Fl 32465
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same as above
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the name of the new registered
New Registered Office Address:	Enter Florida street address
	, Florida

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>	Name	<u>Address</u>	Type of Action
TREAS	Brian Gladish	147 Mutchel Rd NewahitchKa Fl 3244	XAdd
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Page 2 of 3

If amendi	ng any other i	information, enter o	change(s) here: (At	tach additiona. N	l sheets, if ne	cessary.)	
A	MBR	Enica l	MINISTER STATE	LOUCK	<u>S IS</u>	51%	
	share	holder.					
	J-1-1-X	1.02.101					
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(If an effectiv	e date is listed, th	than the date of filing the date must be specific as in this block does not	nd cannot be prior to date		than 90 days aft		
		on the Department of		latutory filling re	.quirements, t	ins date will not be	nsted as the
		delayed effective the record is filed		effective tim	e, at 12:01	a.m. on the ea	rlier of:
_			_				
Dated D	cemb	<u>er 31</u>	. 2019 .				
		Fun	a Laria	bo			
		Signature of	a member or authorized	representative of :	a member		•
		C	wica In	who	•		
			Typed or printed name	e of signce			

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Filing Fee: \$25.00