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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations	* ,		
SUBJECT: FOR	EHAND MULTIS	SERVICES LLC.		
		ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	MARIA	T. ASCANIO		
		Name of Person		
		Firm/Company		
	10967 Moss	Park Rd-unit	121	
	Orlando 7	lorida 32832. City/State and Zip Code		
		NIO @ hotmail-c		3
For further information c	concerning this matter, please ca	ali:		•
Maria	I. Ascanio	at (407) 308 /	1977 Telephone Number	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<u>.</u> .
Enclosed is a check for the	he following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is e	ntus &
Mailing Addres		Street Address:		
Registration !		Registration Sec		
Division of C P.O. Box 632	•	Division of Corp The Centre of Ta		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TOKEHAND MUCHSERVICES. 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 $01/15/2020$ and assigned Florida document number $L2000021997$.
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, <u>enter the name of the new registere</u> agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address

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.

City

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 10967 Moss Park Rd unit 121	Type of Action
MGR	FRANCISCO A. LAMAS	Orlando Florida 32832	⊉ ∕add
			□Remove
			□Change
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			□Remove
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an effe <u>ote:</u>	ve date, if other than the date of filing:
ecore is file	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
ited_	01/29 2020 Wanter
	Signature of a member or authorized representative of a member
	MARIA I. ASCANIO Typed or printed name of signee