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то:	Registration Se Division of Cor		•	
SUBJEC	Bigot Hand	ymand & Investment, LLC		
SOBILA	-1·	Name of Limit	ed Liability Company	
The encl	osed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please re	eturn all correspo	ndence concerning this matter to	o the following:	
		Jean A. Bigot		
			Name of Person	
		Bigot Handymand & Invest	ment, LLC	
			Firm/Company	
		762 NW 146th Street		
		 	Address	
		Miami, FL 35146		
		Bigot Centert	City/State and Zip Code Sela CMOUL be used for future annual report noti	Dm fication)
For furth	er information c	oncerning this matter, please cal	II:	
Jean A.	Bigot		ar 1/205) 3.05 .	3718
	Name o	f Person	at (205) 505. Area Code Daytim	e Telephone Number
Enclosed	l is a check for th	ne following amount:		
≅ \$25	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		<u>Street Address:</u> Registration Sec	ction

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bigot Handymand & Investment, LLC		
(<u>Name of the Limited Liability Compar</u> (A Florida Limited I.	ny as it now appears on ou iability Company)	r records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2000215232</u>	were filed on 07-	22.2020 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
Bigot Handyman & Investment, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designati	on "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	AlA	
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	Address on our records	A SSEE, FL. enter the name of the new registered.
Name of New Registered Agent: New Registered Office Address:	Enter Florida stre	
		, Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my du	ties, and I am familiar with and

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

Title	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			□ Change
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Filing Fee: \$25.00