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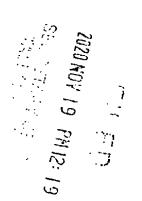
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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11/19/20--01011--006 **25.00



H. 123/20

TO: Registration Sec Division of Corp			
SUBJECT:	ANDYROCI	ited Liability Company	
The enclosed Articles of z	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	SCOTT HANDO	Name of Person ROCK Firm/Company	AICA C
	GAKE	Address OETH City/State and Zip Code	1200 1233467
	Mundy rock E-pail address: (to be used for futtye annual report notif	COM ication)
For further information co	oncerning this matter, please c	all:	
Scott HAIRA Name of	YKA ar L'Illi We		4-1605 Telephone Number
Enclosed is a check for th	e following amount:		
∑S25.00 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 Address	ı;	Street Address:	

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

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

TO ARTICLES OF ORGANIZATION OF

HANDYROCK	LLC
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L</u> 2000 285 9	were filed on $9/14/2020$ and assign 42
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C.
Enter new principal offices address, if applicable:	- / S 28
(Principal office address MUST BE A STREET ADDRESS)	NA
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	N/4 9 17 19 9 19 19 19 19 19 19 19 19 19 19 19 1
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new res
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Planted a street addresse

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 we provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document 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

∠ or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of
		MI,	□Rem
			□Chan
			🗖 Add
			□Remc
			□Add
			□Remov
			□Change
			□Add
			□Remov
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Due to Covid, Italike
to change the starting
date of my Company
HANDEROCK, UC
FROM OCT 7, 2020
- 10 JANVARY 1, 202
Thank you
E. Effective date, if other than the date of filing:
If the record 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 record is filed.
Dated November 12, 2020.
Signature of a member or authorized representative of a member
SCOTT J. HARAKA