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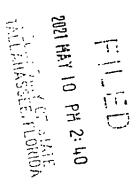
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TO: Registration Section Division of Corporations SUBJECT: FAITH HANDYMAN, LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Processing Department Name of Person Firm/Company 5605 Riggins Court Suite 200 Address Reno, NV 89502 City/State and Zip Code returndocs@incauthority.com E-mail address: (to be used for future annual report notification) her information concerning this matter, please call: sing Department at (800 Area Code Daytime Telephone Number Name of Person ; a check for the following amount: Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallabasses, FL 32214

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FAITH HANDY	MAN, LLC
(Name of the Limited Liability Company (A Florida Limited Liab	oility Company)
The Articles of Organization for this Limited Liability Company we	ere filed on 09/18/2020 and assigned
Florida document number L20000294780	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	y 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:	F: = Ti
(Principal office address MUST BE A STREET ADDRESS)	
	PH 2
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	500
B. If amending the registered agent and/or registered office	ce address on our records, enter the name of th
registered agent and/or the new registered office address here:	, <u> </u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	· · · · · · · · · · · · · · · · · · ·
	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	,

4

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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 t 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

MGR = 1 AMBR = 1	Manager Authorized Member		
Title	Name	Address	Type of Action
MGR	James Cooper	248 E University Blvd Apt 252A	□ Add
		Melbourne, FL 32901	Remove
			Change
			
			Remove
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À		Signature of a	member or au	thorized represen	ntative of a mem	ber	

Page 3 of 3

Filing Fee: \$25.00