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## COVER LETTER

TO:	Registration Section Division of Corpor	on Pations		
	OPEN HAND	S RENOVATIONS LLC		
SUBJE	CT:	Name of Limited	Liability Company	
	1. A minlag of Ar	nendment and fec(s) are submit	ted for filing.	
		ence concerning this matter to t		
		ELIEL JIMENEZ		
			Name of Person	
		OPEN HANDS RENOVATI	ONS	
			Firm/Company	
		P.O. BOX 874		
			Address	
		INTERCESSION CITY FL		
			City/State and Zip Code	
		OPENHANDSRENOVATIO	ONS@GMAIL.COM	nion)
For f	urther information co	oncerning this matter, please ca		
	EL JIMENEZ		407 675-1952	elephone Number
	Name o	f Person	Area Code Daytime T	etelmente ivanimos
		L. C. Havring amount		
	losed is a check for t	he following amount:  \$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 Addre Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327	Street Address: Registration Sec Division of Corp The Centre of To 2415 N. Monrou Tallahassee, FL	porations allahassee 2 Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OPEN HANDS RENOVATIONS LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our record Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Company	were filed on 11/17/2020	and assigned
Florida document number L20000364621		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		h~3
(Principal office address MUST BE A STREET ADDRESS)		
	<del></del>	5 7
		<u> </u>
Enter new mailing address, if applicable:		_ m
(Mailing address MAY BE A POST OFFICE BOX)		3.0
		<del></del>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	·	
	Enter Florida street addres	S
	, Flo	orida
	City	Zip Code

## 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 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	Type of Action
MGR	ELIEL JIMENEZ	304 GROVE CT ST. CLOUD FL 34769	
			□Remove
			Change
	<del></del>	<del></del>	□Add
			□Remove
		· · · · · · · · · · · · · · · · · · ·	□ Change
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Signature of a member or authorized representative of a member	12/31   I	2020	
	- COV 1/2	Signature of a member or authorized representative	e of a member
		Typed or printed name of signee	

Filing Fee: \$25.00