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Certified Copies	Certificates	of Status
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Office Use Only



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## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Handy Phos 101 22C  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:
Cedric B. Zollc Name of Person
Handy Prus 101 LLC Firm/Company
8230 White Rock Circle
Boynton Beach, A 33436 City/State and Zip Code
E-may Comas Comas E-may Comas (to be used for future annual report notification)
For further information concerning this matter, please call:
Cedric B. Rollo at (754) 204-1176  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee,  Certificate of Status \$\Bigcup \$\text{Certified Copy} & \text{Certified Copy} & Certified

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mandx Pn	S (01	L'LC	
(Name of the Limite)	A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Lia	bility Company	were filed on 12 /04/202	and assigned
Florida document number <u>L 20003</u>	_	, ,	
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liabi	lity company here:	
The new name must be distinguishable and contain the wo			e abbreviation "L.L.C."
Enter new principal offices address, if applica	ble: Polls	8230 White R	och Cirele
(Principal office address MUST BE A STREET	ADDRESS)	Bosnton Beach	1, FL33436
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u>80X)</u>		
B. If amending the registered agent and/or re	gistered office a	ddress on our records, enter the r	name of the new registered
agent and/or the new registered office address			:
Name of New Registered Agent:	Ced	ac Bernard V	2011c==
New Registered Office Address:	8230	White Pock C Enter Florida street address	ircle 5
	Boxno	ton Beach, Florida	33486 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 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	Type of Action
MMBR	Cedric B. Polla	8230 White Rock C. Bignton Beach, R334	C MAdd
			□Remove
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lf amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
(If an effective Note: If the	date, if other than the date of filing:  (optional)  we date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the seffective date on the Department of State's records.
he record sp ord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	2/15/21 . !La
	Cedric B. Rolle  Typed or printed name of signee