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## **COVER LETTER**

TO: Registration S Division of Co			
NAME CI SUBJECT:	HANGE TO GUY AND HIS T	OOLS LLC	
SOBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for tiling.	
Please return all corresp	ondence concerning this matter	to the following:	
	CHARLES ANTHONY I	.ONGO	
		Name of Person	
	GUY AND HIS TOOLS		
		Firm/Company	<del></del>
	4141 E15th St. Apt. 213		
		Address	
	PANAMA CITY/FL 3240	ıl.	
		City/State and Zip Code	
	chaslongo@gmail.com		
For further information o	E-mail address; ( concerning this matter, please c	to be used for future annual report not all:	tification)
CHARLES ANTHONY	LONGO	850 774-9597	
Name c	of Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addres</u> Registration !		<u>Street Address:</u> Registration Sc	petion
Division of C	lorporations	Division of Co	
P.O. Box 632		The Centre of	Fallahassee
Tallahassee,	PL 52314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GUY AND HIS TOOLS (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on MAY 10, 2021 and assigned Florida document number  $\underline{L}^{21000216141}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: GUY AND HIS TOOLS MAINTENANCE "LLC" The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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:

or remov	ed from our records:			
MGR =	Manager			
AMBR =	Authorized Member			

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			Change
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ective date, if other than a effective date is listed, the da te: If the date inserted in the nument's effective date on the	nis block does no:	t meet the applica	to date of filing or a able statutory fili	(0 nore than 90 days ng requirements.	optional) after filing.) Pursuar , this date will not	n to 605,02 be listed.
cord specifies a delayed eff s filed.	fective date, but n	ot an effective til	ne, at 12:01 a.m.	on the earlier of	f: (b) The 90th d	ay after th
		2021				
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ed Jun 9	Chiles	Jesu a member or autho	·			

Filing Fee: \$25.00