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TO:	Registration Se Division of Cor			•
SUBJE	Handy Rand	dy Does It. Limited Liability C	Company	•
30041		Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		John K. Carter		
			Name of Person	
		John K. Carter Law, P.A.		
			Firm/Company	****
		9500 Koger Blvd. #112		
			Address	
		St. PEtersburg, FL 33702		
		john@johnkcarterlaw.com	City/State and Zip Code	
		E-mail address: (I	to be used for future annual report no	tification)
For fur	her information co	oncerning this matter, please ca	all:	
John C			727 456-8970 at ()	
	Name of	Person	Area Code Dayti	me Telephone Number
Enclose	ed is a check for th	e following amount:		
■ \$25	5.00 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: 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

DocuSign Envelope ID: C8B5F81B-533F-43DF-B0DD-D2A0858E3473 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Handy Randy Does It. Limited Lia				
(Name of the Lim	ted Liability C (A Florida Lii	Company as it now appear mited Liability Company)	s on our records.)	
The Articles of Organization for this Limited I Florida document number <u>L21000273024</u>	Liability Com	pany were filed on $\frac{06/}{}$	10/2021	and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited	l liability company he	re:	
N/A				
The new name must be distinguishable and contain the	words "Limited	Liability Company," the do	esignation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applie	cable:	N/A		يسم .
(Principal office address MUST BE A STREE	T ADDRES	<u></u>		7 2
				7
Enter new mailing address, if applicable:		N/A		0 至 0
(Mailing address MAY BE A POST OFFICE	BOX)			170 =
				53
B. If amending the registered agent and/or agent and/or the new registered office addre	registered of ss here:	fice address on our re	cords, <u>enter the n</u>	ame of the new registered
Name of New Registered Agent:	N/A			
New Registered Office Address:				
		Enter Florid	da street address	
			Florida	
		Cıty		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

DocuSign Envelope ID: C8B5F81B-533F-43DF-B0DD-D2A0858E3473 enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Varnes, Curtis	410 NE 8th St.	
		Mulberry, FL 33860	■Remove
			□Change
	784		□Add
			□Remove
			□Change
			☐Add
			□Remove
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			☐ Change
			□Add
			□Remove
			G Change

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