## K21 CCC 355043

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(Business Entity Name)
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A. BUTLER DEC - 2 2021

## **COVER LETTER**

TO: Registration Section Division of Corpo			
SUBJECT:	Penters Handy Ha	inds LCC	
-	Name of Limit	ted Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are subm	nitted for filing.	
Please return all correspond	ence concerning this matter t	o the following:	
	Maria	Name of Person	
	Carpentics	S Hearty Hourd	<u>s</u> 22c
	1060 Bee	ractions	
	Beneva, +	City/State and Zip Code	
	Carpente SHan E-mail address: (to	differed (a) out of boursed for future annual report	ock. Can notification)
For further information con	cerning this matter, please ca	II:	
Marion Car	pinter	at (407) 3/4	15901
Name of P	erson	Area Code Day	time Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Se	ction	<u>Street Address</u> Registration	

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited (A	Handis Hands Liability Company as it now appears en our records.) Florida Limited Etability Company) 494 1907 1,5 Pil 12: 31
The Articles of Organization for this Limited Liab	wility Company were filed on $8.06/20.2$ and assigned
Florida document number <u>£ Z 100</u> 0 355	5.043
This amendment is submitted to amend the follow	ing:
A. If amending name, enter the new name of the	ne limited liability company here:
The new name must be distinguishable and contain the word	Is "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:
(Principal office address MUST BE A STREET)	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	<u> </u>
B. If amending the registered agent and/or registered	istered office address on our records, enter the name of the new registerec
agent and/or the new registered office address l	nere:
agent and/or the new registered office address l	nere:
agent and/or the new registered office address I  Name of New Registered Agent:	nere:
agent and/or the new registered office address I	nere:
agent and/or the new registered office address I  Name of New Registered Agent:	Enter Florida street address
agent and/or the new registered office address I  Name of New Registered Agent:	Enter Florida street address
agent and/or the new registered office address I  Name of New Registered Agent:	Enter Florida street address  Florida  City  Zip Code

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
MGRM	Marian Carpenter	1060 Bee Lani	<u>3</u> ádd
		Beneva, Fl 32732	
			□Change
MER Sherry	Sherry Carpenter	1060 Bee Lane	XAdd
	,	Geneva, Fl 32732	□Remove
			ElChange
<del></del>			🗀 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
	<del></del>		□Add
			□Remove
			□Change

-	
_	
_	
(If an effective Note: 11	te date, if other than the date of filing:
the record ford is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	11/12/2021
	Signature of a member or authorized representative of a member
	Marin Carpenter III. Typed or printed name of signee