## 121000449068

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300444469923

02/14/25--01018--001 \*\*30 00

2025 FEB 14 AM 8: 3

AR

## **COVER LETTER**

TO:	Registration Se Division of Cor					
SUBJE	ect: <u>Andre</u>	a Ferguson Hand Name of Lim	diworks LLC			
		Name of the	птен главину Сотрану			
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
		Andrea Fergu	150N			
		<b>y</b>	Name of Person			
			Firm/Company			
		4038 Nelson R	Address			
		hake wales,	FL 33898 City/State and Zip Code  SO amail-com to be used for future annual report noti			
		<u>afhandiwork</u> E-mail address: (	to be used for future annual report noti	fication)		
For fur	ther information c	concerning this matter, please c	all:			
And	drea Fen	g USON Person	at (863) 604-4380  Area Code Daytime Telephone Number			
	(vanse e	A L CISOII	Alea Code Payani	e receptione (Manuel		
Enclose	ed is a check for the	he following amount:				
□ \$2:	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 Addres		Street Address:			
Registration Section			Registration Section			
	Division of C P.O. Box 632		Division of Cor The Centre of T			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Andrea Ferguson Handi works LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company) 70/25 1 68 14 AH 8: 32

The Articles of Organization for this Limited Liability Compan	y were filed on 10/1	4 2021 CF ST/And assigned	
Florida document number <u>L 21000449068</u> .		mid 2 min Oot (2)   E	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:	:	
AF Handiworks LLC			
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the desig	nation "LLC" or the abbreviation "L.L.C."	
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)			
D. 15			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our reco	rds, enter the name of the new registero	
Name of New Registered Agent:			
N 5 1 100 111			
New Registered Office Address:	Enter Florida	street address	
	Florido		
	City	, Florida Zip Code	
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>		
I hereby accept the appointment as registered agent and ag	rree to act in this car	pacity. I further agree to comply with th	

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>	Name	Address	Type of Action
			□Add
			□Remove
			☐Change
			□Add
			□Remove
		-	Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐Change
			□Remove
			Change
			□Remove
			□Chanve

	<u> </u>							
	<u>-</u>	· -·-			<u> </u>			
			<del>_</del>	<del>-</del>				
			<u> </u>					
			<del> </del>		_ <del></del>	· · · · · · · · · · · · · · · · · · ·		
	· · · · · · · · · · · · · · · · · · ·	<del></del>						
					<del>-</del>			
	<u> </u>				<del></del>			
	<del></del>							
	<del> </del>			<del></del> -				
						<del></del>	<del></del>	
n effecti <u>ite:</u> If t	ve date is listed, the hate inserted	than the date of e date must be speci in this block does on the Departmen	ific and cannot be not meet the	applicable statu	filing or more than tory filing requir	(optional 90 days after filin rements, this dat	g.) Pursuant to 605.	,0207 ( ed as t
ecord sp is filed.		d effective date, b	ut not an effec	ctive time, at 12	:01 a.m. on the c	arlier of: (b) T	The 90th day after	r the
ted <u>F</u>	ebruary 10	D <b>M</b> L <u>Forg</u> Signifur	202	<u> 25</u> .				
	Andre	1 4000.	11 1m1 1					
	CONDUCT	signatur Fergu	e of a member	or authorized repr	esentative of a me	mber		