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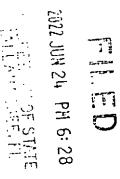
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Special Instructions to	Filing Officer	}
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Office Use Only



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A. BUTLER SEP 1 6 2022

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT:	Handy Hel	per Home Watch LLC	•	•	· •
	.•	" Name of Lim	ited Liability Company		
The enclosed	d Articles of	Amendment and fee(s) are sub	emitted for filing.		
Please return	n all correspo	indence concerning this matter	to the following:		
		Marin Mitrache			
			Name of Person		
		Handy Helper Home Water	ch LLC		
		Ţ	Firm/Company		
		15514 Marcello Circle			
			Address	· · · · · · · · · · · · · · · · · · ·	
		Naples, FL 34110			
			City/State and Zip Code		
		help@handyhelperhomewa E-mail address: (tch.com to be used for future annual report	notification)	
For further is	nformation c	oncerning this matter, please c	·	,	
Andreea Mi			248 854-424:	2	
	Name o	f Person	Area Code Day	rtime Telephone Number	
Enclosed is a	s check for th	ne following amount:			
≘ \$ 25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Smus &
Re	iling Addres gistration S vision of C		Street Address Registration Division of G	Section	
P.C). Box 632 llahassee, l	7	The Centre of	of Tallahassee nroe Street, Suite 8	10
.;			Tallahassee,		

AKTICEES OF AMENDMENT

TO ARTICLES OF ORGANIZATION OF

Handy Helper Home Watch LLC

company has been notified in writing of this change.

FILED

(Name of the Limited Liability Compa (A Florida Limited I	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L22000010427	y were filed on January 04, 2022 FTARY OF and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	bility company here:	
The new name must be distinguishable and contain the words "Limited Liabile	nility Company," the designation "LLC" or the abbreviation "LLC."	_
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		_
•		_
F-A		
Enter new mailing address, if applicable:		_
(Mailing address MAY BE A POST OFFICE BOX)		_
		_
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new regis	stered
Name of New Registered Agent:		
New Registered Office Address:		_
	Enter Florida street address	_
	, Florida	
None Desiratored Association of the second	City Zip Code	
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of	e performance of my duties, and I am familiar with and	

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

Title	Name	<u>Address</u>	Type of Action
MGR	Andreea Mitrache	13375 Cedar Rd. Cleveland Heights, OH 44118	≅Add
			□ Remove
			Change
			□Add
			🗆 Remove
			Change
			□Remove
			Change
			□ Add
			□Remove
			Change
······································			□Add
			□Remove
			Change
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The rue crave mixerized fill fill? I	DIOCK GOES NOT MEET THE B	ODJICADIĆ Statutory	filing requirements, th	is date will not be listed
ment's effective date on the i	Department of State's rec	cords.		
rd specifies a delayed effecti	ive date, but not an effect	ive time, at 12:01 a	.m. on the earlier of: (b) The 90th day after
īled.				·
T 14				
June 13	2022			
~ 1				
	Signature of a member or	authorized renorsent	tive of a member	
			and of a toombe.	

Filing Fee: \$25.00