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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATEMENT OF STATE

COVER LETTER

TO: Registration So Division of Co		•	
OPIN ANATO	Bobby Gladde	Em 110	
SUBJECT:	Name of Lim	nted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	B	Name of Person	
		Uby Gladden LL	<u>C</u>
	2533 Por	tobella PL Address	
		City/State and Zip Code En hand yworks to be used for future finnual report notif	
For further information of	E-mall address: (concerning this matter, please c	•	icanon)
Bobby (<u>Jladden</u>	at (850) 221 Area Code Daytime	- 1440 : Telephone Number
Enclosed is a check for t	he following amount		
☐ \$25.00 Filing Fee	S\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration		Street Address: Registration Sec	ction
Division of C		Division of Corp	porations
P.O. Box 632 Tallahassee,		The Centre of Table 2415 N. Monroe	allahassee : Street, Suite 810
		=	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

50bby G/a	idden LLC	
(<u>Name of the Limited Lini</u> (A Flor	bility Company as it now appears or rida Limited Liability Company)	our recor <u>ds.</u>)
The Articles of Organization for this Limited Liability Florida document number $L270003913$		1 20 / 2022 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
Gladden Handyw	ones LLC	
The new name must be distinguishable and contain the words "L	united Liability Company," the design	nation "LLC" or the abbreviation "L.L.C"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD)	DRESS)	
	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our reco :	ds, enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	treet address
		Florida
	Cuy	Zıp 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

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
			□Add
			□Remove
			□ Change
			□ Add
			Remove
			□ Change
		<u> </u>	□ Add
			□Remove
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fan effecti <u>Note:</u> If t	date, if other than the day we date is listed, the date must be the date inserted in this block is effective date on the Depart	e specific and cannot be does not meet the	applicable statutory fil	more than 90 cing requirem	_ (optional) days after filing) l ents, this date w	Pursuant to 605 fill not be liste	020 7 (3 ed as th
record s d is filed	pecifies a delayed effective d	ate, but not an effec	ctive time, at 12:01 a.m	. on the earli	er of: (b) The	90th day after	the
ated	10/14/2022	2					
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	Si	gnature of a member of	or azthorized representati	re ot a membe			
			Gladder or printed name of signee				