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2022 FEB 28 AM IO: 3 SECRETARY OF STAT

Ch-31712022

COVER LETTER

TO: Registration Se Division of Cor			
HANDCAF	RT 20, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub		
Please return all correspo	indence concerning this matter	to the following:	
	Anthony C. Tanico		
	-	Name of Person	
	Handeart 20, LLC		
		Firm/Company	_
	18 N Ring Ave		
	<u> </u>	Address	
	Tarpon Springs, FL 34689		
		City/State and Zip Code	·
	tonytanico@easternmeridia		
	E-mail address: (to be used for future annual report noti	(fication)
For further information c	oncerning this matter, please c	all:	
Anthony C. Tanico		727 940-9198	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	S30.00 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 9 Division of C P.O. Box 632	Section Corporations	Street Address: Registration Se Division of Co The Centre of T	rporations
Tallahassee,			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 FEB 28 AM 10: 32

HANDCART 20, LLC

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

SECRETARY OF STATE
TALLAHASSEE, FL

	(A Fiorida Limited Liability Company)	MEEMINGGEE, F		
The Articles of Organization for this Limited L		and assigned		
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liability company he	<u>re</u> :		
The new name must be distinguishable and contain the	words "Limited Liability Company," the de	esignation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE	ET ADDRESS)			
				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	BOX			
B. If amending the registered agent and/or agent and/or the new registered office addre	•	ecords, <u>enter the name of the new registere</u>		
Name of New Registered Agent:	Anthony C. Tanico			
New Registered Office Address:	18 N Ring Ave			
New Registered Office Address:	Enter Florida street address			
	Tarpon Springs	, Florida ³⁴⁶⁸⁹		
	City	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

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
			□Remove
			□Change
			Remove
			□ Change
		<u> </u>	□Add
			Remove
			□Change
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		<u></u>	□ Change
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		(<u>elekty i a</u>	□Remove
			□Add
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			☐Change

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Filing Fee: \$25.00