## h22000110632

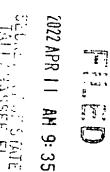
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

TO: Registration Se Division of Cor			
	ANDYBROS LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter		
	MARTHA CHAVES		
	<del></del>	Name of Person	· · · · · · · · · · · · · · · · · · ·
	RAPITAX SOLUTIONS A	AND MORE CORP	
		Finn/Company	
	2820 MICHIGAN AVE S	ГЕ A	
		Address	
	KISSIMMEE, FL 34744		
		City/State and Zip Code	
	RAPIDTAXFL@OUTLOC		
		to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
MARTHA CHAVES		407 415-4465 at ( )	
Name o	of Person		ne Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se	ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 632 Tallahassee,		The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

SUPPER HANDYBROS LLC

2022 APR 11 AM 9: 35

(Name of the Limited Liability (A Florida L	Company as it now appears on our re imited Liability Company)	CONTROL O. STATE
ne Articles of Organization for this Limited Liability Cor	mpany were filed on 03/03/2022	and assigned
orida document number L22000110632		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limite	ed liability company here:	
UPER HANDYBROS LLC		
te new name must be distinguishable and contain the words "Limite	d Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	N/A	·
Principal office address MUST BE A STREET ADDRE	<u></u>	<del></del>
nter new mailing address, if applicable:	N/A 	·
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered of the new registered office address here:  Name of New Registered Agent:  N/A	office address on our records, <u>er</u>	nter the name of the new regis
New Registered Office Address:		
new registered Office Address.	Enter Florida street ad	ddress
		Florida

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 =	<b>Authorized Member</b>

Title	Name	Address	Type of Action
			□Add
			Remove
4			□ Add
		-	□Change
		<b></b>	Remove
			□Change
			□ Remove
			(☐Change
			□Add
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		<del></del> .	□Add
			□Remove
			□Change

Effective date, if other than the date of filing:  1 an effective date, if other than the date of filing:  1 an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.028.  Note:  1 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.  2 record 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 dis filed.  Dated  MARCH 31ST  2022  WARCH 31ST  2022  Signature of a member or authorized representative of a member	<del></del>				
Effective date, if other than the date of filing:  (a) 03/03/2022  (a) (a) 1 (a) 1 (b) 2 (c) 2 (					
Iffective date, if other than the date of filing:  [an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 (sole; If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a locument's effective date on the Department of State's records.  The 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 dis filed.	•	•			
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Signature of a member or authorized representative of a member	Dated MARCH 31ST	. 2022	·		
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Filing Fee: \$25.00