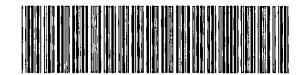
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## **COVER LETTER**

TO: Registration So Division of Cor		•	F `
subject: <u>KT HAN</u>	DYMAN, LLC Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Corpor	ate Maintenance Lea	ad
		Name of Person	
	Proc	essing Department	
		Firm/Company	
	1	450 Vassar St	
		Address	<del></del>
		Reno, NV 89502	
		City/State and Zip Code	<del></del>
	E-mail address: (	to be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	all;	
	sing Department	at ( 800 ) 638-2320	
Name (	of Person	Area Code Daytimo	Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS:		STREET/COURI	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

2022 JUL 25 PM 12: 55

KT HANDYMAN, LLC

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

The Articles of Organization for this Limited Liability Co	ompany were filed on 03/21/22	and assigned		
Florida document number L22000136928	_ <del>-</del> :			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ted liability company here:			
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLI	C" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	<del></del>			
(Principal office address MUST BE A STREET ADDRI	<u>ESS)</u>			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr Name of New Registered Agent:  New Registered Office Address:		is, enter the name of the new		
New Registered Office Address.	Enter Florida street address			
	, Florida			
	•	Zip Code		
New Registered Agent's Signature, if changing Registered	Agent:			
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag being filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete performance of my duties, a ent as provided for in Chapter 605,	and I am familiar with and F.S. Or, if this document is		

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		
MGR	Monika Lizbeth Morales	2059 Se Hillmoor Dr Apt 210 B			
		Port St Lucie	Remove		
		FL, 34952	☐ Change		
			Add		
			Remove		
		<u> </u>	Change		
			Add		
			Remove		
			Change		
			Add		
			Remove		
			☐ Change		
			Add		
			Remove		
			Change		
			Remove		
			□ Change		

D. If amen	ding any other in	formation, ent	er change(s)	here: <i>Click h</i>	additional she	ets if necessar	n )		
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Note: 4f	date, if other that we date is listed, the date inserted in it's effective date on	this block does a	not meet the ap	plicable statuto	ng or more than 9 ry Tilling require	(optional) Odays after filing ments, this date	) Pursuant to (	605 020 isted as	Telabi the
If the reco (b) The 9	rd specifies a de Oth day after th	layed effective record is fil	ve date, but ed.	not an effec	tive time, at	12: <u>01 a.m.</u>	on the ea	rlier o	f;
Dated	C7/14	•	J. J. J.	<u>;</u> ;					
	<u></u>	Signature	ef a member or a	uthorized represe	entative of a mem	her			
				ın Morales					
			Typed or po	rinted name of si	gnee	•		•	

Page 3 of 3

Filing Fee: \$25.00