L22000 192 405

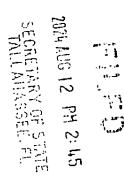
(Re	equestor's Name)		
(Ad	dress)		
(Ad	ldress)		
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	MAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to	Filing Officer:		
 			





100434623491

08/12/24--01029--002 **25.00



COVER LETTER

	stration Section of Corp		• .	4	•	
	G& D Hand	dy Solutions LLC	,	,		
SUBJECT: Name of Limited Liability Company						
The enclosed .	Articles of a	Amendment and fee(s) are sub-	mitted for filing.			
Please return a	all correspo	ndence concerning this matter	to the following:			
		Diana Stanis				
			Name of Person			
		G & D Handy Solutions LI	LC			
			Firm/Company			
		706 Hiwassee Hill Dr			TOPH AUG 12 PW	
			Address			
		Johnson City TN, 37601			12 N	
			City/State and Zip Code		7.5	
		dstanis08@gmail.com	to be used for future annual report no	difference of the second	?	
For further int	formation c	e-mail address: (mineation)	7 mg /	
Diana Stanis			239 227-1155			
	Name o	f Person	at () Area Code Dayti	me Telephone Number		
Enclosed is a	check for th	ne following amount:				
■ \$25.00 Fi	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
	ling Addres		Street Address:	lection		
Registration Section Division of Corporations		Registration S Division of Co				
P.O. Box 6327			The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Moni	roe Street, Suite 810	J		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

G & D Handy Solutions LLC			
(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appears on our re Liability Company)	ecords.)
The Articles of Organization for this Limited L		were filed on 4/22/2022	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabii		"LLC" or the abbreviation "L.L.C.
Enter new principal offices address, if appli	cable:	14229 Stockwell Lane	
(Principal office address MUST BE A STREET ADDRESS)		Ruskin FL 33573-6770	
			7.0
Enter new mailing address, if applicable:		706 Hiwassee Hill Dr	TAN ALCO
(Mailing address MAY BE A POST OFFICE BOX)		Johnson City TN 37601	
			95 H 10
B. If amending the registered agent and/or agent and/or the new registered office addresses	registered office : ess here:	address on our records, <u>e</u>	enter the name of the new registered
Name of New Registered Agent:	Nancy Bentley		
New Registered Office Address:	14229 Stockwe	ell Lane	
New Registered Office Address.		Enter Florida street o	address
	Ruskin		, Florida 33573-6770
		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.

Hancuy Bentley
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
MGR	Gary Stanis	706 Hiwassee Hill Dr	□Add
		Johnson City TN 37601	□Remove
			■ Change
MGR Diana Stanis	Diana Stanis	706 Hiwassee Hill DR	□Add
		Johnson City TN 37601	□Remove
			≅Change
			□Add
			□Remove
		S Change	
			P P P P P P P P P P P P P P P P P P P
			Change
			□Add
			□Remove
			□Add
			Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) (optional) E. Effective date, if other than the date of filing: __ (If 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 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the 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 record is filed. Signature of a member or authorized representative of a member Diana Stanis Typed or printed name of signee

Filing Fee: \$25.00