122000246133

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SECRETARY OF SIATION

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COVER LETTER

TO: Registration Secti Division of Corpo			
SUBJECT: <u>HANDY M</u>	AN PROJECTS, LLC () Name of Limite	FL) ed Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are subm	itted for filing.	
Please return all correspond	dence concerning this matter to	the following:	
	Corpora	ite Maintenance Lead	d
		Name of Person	•
	Proce	essing Department	
		Firm/Company	
	1.	450 Vassar St	
		Address	<u></u>
	ı	Reno, NV 89502	
		City/State and Zip Code	
			
	E-mail address: (to	o be used for future annual report notifica	ation)
For further information co	ncerning this matter, please ca	11:	
Processi	ng Department	at (800) 638-2320	Celephone Number
Name of	reison	Acta Code Dayono	
Enclosed is a check for the	e following amount:		
☑ \$25.00 Filing Fee	☐ \$30.00 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 Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301

ARTICLES OF AMENDMENT FILED TO SECRETARY OF STATE ARTICLES OF ORGANIZATION OF 2022 AUG -8 AM 9: 08 1

	N PROJECTS, LLC (FL) Company as it now appears on a	
The Articles of Organization for this Limited Liability Co. Florida document number L22000246133	ompany were filed on 05/27	/22 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limita Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRE		ation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address Name of New Registered Agent: New Registered Office Address:		r records, enter the name of the new
New Registered Office Address.	Enter Florida s	treet address
	City	Florida 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 mereby 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

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>itle</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			☐ Change
			_ □ Add
			Remove
			☐ Change
 -	·		□ Add
			☐ Remove
			☐ Change
			□ Add
			Remove
			Change
			Remove
			Change
			Add
			Remove
			☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	
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<u></u>	STATE
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E. Effective date, if other than the date of filing: N/A (optional) (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 605.020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 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.	of:
Dated 99.2020	
Signature of a member or authorized representative of a member	
Gilbert Falcon	
Typed or printed name of signee	

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Filing Fee: \$25.00