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COVER LETTER

	stration Se sion of Cor			
SUBJECT:	My Merch (Closet LLC		
SUBJECT.		Name of Lim	ited Liability Company	
The enclosed	Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return	ail correspo	ndence concerning this matter	to the following:	
		Kelly D Vannucci		
		·	Name of Person	
		My Merch Closet LLC		
			Firm/Company	
		3085 SE 80th ST lot 8		
			Address	·
		Ocala, FL 34480		
			City/State and Zip Code	····
		kvannucci@ymail.com E-mail address: ()	to be used for future annual report notific	ation)
For further in	formation co	oncerning this matter, please ca	all:	
Kelly D Vanr	nucci		352 426-6897	
	Name of	f Person	at ()	Felephone Number
Enclosed is a	check for th	ne following amount.		
□ \$25.00 Fi	iling 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)
	ling Addres		Street Address: Registration Sect	

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

My Merch Closet LLC	
(Name of the Limited Liability (A Florida l	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	ompany were filed on July 11, 2022 and assign
Florida document number <u>L220003065</u> H	18
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
Hello Handy LLC	
The new name must be distinguishable and contain the words "Limit	ited Liability Company," the designation "LLC" or the abbreviation "L.E.C.
Enter new principal offices address, if applicable:	same
(Principal office address MUST BE A STREET ADDRI	ESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered	l office address on our records, enter the name of the new re
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
new registered Office Address.	Enter Florida street address
	Florida
	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 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
AMBR	Megan O Johnson	6606 SE 30th CT	■Add
		Ocala, FL 34480	
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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ective date, if ot	ther than the date ted, the date must be s	e of filing:			(optional)	
reffective date is list te: If the date insi	ted, the date must be s erted in this block o	pecific and cannot l does not meet the	be prior to date of fi applicable statut	ling or more than 90 orv-filing requirer) days after filing) nents, this date v	Pursuant to 605 020 vill not be listed a
ument's effective	date on the Depart	ment of State's re	ecords.	.,	,	
	elayed effective dat	e, but not an effe	ctive time, at 12:0	01 a.m. on the ear	lier of: (b) The	90th day after th
s filed. August 8th		2022				
s filed. August 8th	Auri	. 2022	 7			
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s filed.		huice		sentative of a memb	Det .	

Filing Fee: \$25.00