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| (Re | questor's Name |) | | |
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| PICK-UP | ☐ WAIT | MAIL | | |
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| Certified Copies | _ Certificate | es of Status | | |
| Special Instructions to Filing Officer: | | | | |
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of 9/9/2022

COVER LETTER

| O: Registration Section Division of Corporations | |
|--|------------|
| UBJECT: ISLAND MIKE HANDY MAN Name of Limited Liability Company | |
| the enclosed Articles of Amendment and fee(s) are submitted for filing. | |
| lease return all correspondence concerning this matter to the following: | |
| Michael CRAHMING 5R. | |
| ISLAND MIKE HONDY MAN | |
| 2910 KERRY FOREST PKWY D4-39 | ; / |
| TALLAHASSEEFEL 32309 City/State and Zip Code | |
| Michael. Rahming 105429 Mail. Com E-mail address: (to be used for future annual report notification) | |
| For further information concerning this matter, please call: | |
| MiChael C. Rahming 5Rr at (186) 261-4202 Name of Person Area Code Daytime Telephone Number | |
| Enclosed is a check for the following amount: | |
| □ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) | |

TO:

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

Street Address: 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

| TSLAW MTKE HAND NAME (Name of the Limited Liability Company as it now appears on our records.) (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on August 172082 and assigned Florida document number 22000358477. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: | A:: 10: |
|--|-----------------|
| Florida document number <u>22000358477</u> . This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: | |
| A. If amending name, enter the new name of the limited liability company here: | |
| | |
| The designation of LC' are the abbreviation of LC' are the abbreviation of LC'. | |
| The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." | _ |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Tallaha 55 e e fl 3236 | - <u>0</u> 9 |
| Enter new mailing address, if applicable: | _ |
| (Mailing address MAY BE A POST OFFICE BOX) | _ |
| B. If amending the registered agent and/or registered office address on our records, enter the name of the new regist agent and/or the new registered office address here: Name of New Registered Agent: | <u>tered</u> |
| New Registered Office Address: Enter Florida street address | _ |
| , Florida | _ |
| 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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and | h the |

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 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

| Title | Name | Address | Type of Action |
|-------|----------------------|---|--------------------------------|
| NGR | Michael C Rahming SR | 1. 29/0 KERRY FOREST D THIONASSING FL 3230 | <u>- 4</u> Z/Add 1 <i>G</i> |
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| D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Add EIN # 88-388264/ IRS # |
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| 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 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. |
| Dated 09/9/22 Market Signature of a member or authorized representative of a member |
| Signature of a member of authorized representative of a member Michael E RAHMING 5R Typed or printed name of signee |

Filing Fee: \$25.00