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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration So Division of Con			
HUGH'S H	IANDY MAN SERVICES LLO	3	
30bJEC1.	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	DERRICK K. WISE		
		Name of Person	
	WISE ACCOUNTING &	TAX SERVICES INC.	
		Firm/Company	
	712 N. MAIN STREET		
		Address	
	CHIEFLAND, FL 32626		
		City/State and Zip Code	·
	DERRICK@WISEACCOU	INTINGTAXES.COM to be used for future annual report no	
For first in formation			uncanon)
	oncerning this matter, please c	311;	
DERRICK WISE		352 493-4996 at ()	
Name o	f Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a check for th	ne 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 Addres Registration S	Section	Street Address: Registration Se	
Division of C P.O. Box 632		Division of Co The Centre of	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HUGH'S HANDY MAN SERVICES LLC

(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 08/18/2022 ____ and assigned Florida document number L22000364313 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

_, Florida <u>__</u>_

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
M	HUGH C WHELCHEL	7829 CANAL AVE	
		FANNING SPRINGS, FL 32696	≣Remove
			□Change
M 	WHELCHEL, CHERYLI.	7829 CANAL AVE	≡ Add
		FANNING SPRINGS, FL 32696	Remove
			□ Change
			
			□Remove
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			□Remove
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Fective date, if other than the effective date is listed, the date mote: If the date inserted in this becament's effective date on the lector specifies a delayed effective date. May 10,	Department of State ive date, but not an a	the applicable statute is records.	ry filing requireme	nts, this date will not l	oe listed a

Filing Fee: \$25.00