L22000476827

(Requestor's Name)	-
(Address)	
(Address)	
(City/State/Zip/Phone	#)
PICK-UP WAIT	MAIL
(Business Entity Name	e)
(Document Number)	
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	}

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11/22/23--01030--026 **0

TALLAHASSEE, FL

DAM HAN	DY LLC		
3003CCT	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	Dominik Mazurek		
		Name of Person	
	DAM HANDY LLC		
		Firm/Company	
	349 SW 28th Place		
		Address	
	Cape Coral fl 33991		
		City/State and Zip Code	
	mazurek0914@gmail.com	1000	-/2
For further information c	rman address: (oncerning this matter, please c	to be used for future annual report not	ineation)
Dominik Mazurek		239 994-5043	
	f Person		ne Telephone Number
rvaine ()	r r crson	Area Code Dayun	te reteprone 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration S Division of C		Registration Se Division of Co	
P.O. Roy 632		The Centre of 3	

Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

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

TO ARTICLES OF ORGANIZATION OF

DAM HANDY LLC		
(Name of the Limite	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
-	ability Company were filed on November, 7 2022	and assigr
Florida document number L22000476827	····	
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation "LLC" o	or the abbreviation "L.L.C.
Enter new principal offices address, if applica	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:		\$ 82
(Mailing address MAY BE A POST OFFICE I	<u></u>	SECRE AND 22
B. If amending the registered agent and/or reagent and/or the new registered office addres	egistered office address on our records, <u>enter th</u> <u>s here</u> :	e name of the Per STAT
Name of New Registered Agent:		, <u>m</u>
New Registered Office Address:	Enter Florida street address	,
	THE TRANSPECTURE	
	, Flori	daZip Code
	Citt	my Cirac

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 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.

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of A
AMBR	Dominik Mazurek	349 SW 28th Place Cape Coral FI 33991	■Add
			□Remov
			Change
MGR	Dominik Mazurek	349 SW 28th Place Cape Coral Fl 33991	■Add
		·	□Removc
			□Change
			🗆 Add
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 -	
-	
Note: If the	te, if other than the date of filing:
ne record spec ord is filed.	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated Nover	mber 15th
_	Signature of a member of authorized representative of a member
D	ominik Mazurek
_	Typed or printed name of signee