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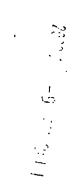
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## **COVER LETTER**

TO:

Registration Section

Division of Corp	porations		
R & F HAI	NDYMAN CONSTRUCTION	ELLC	
SUBJECT:	Name of Lin	nited Liability Company	<del></del>
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	HELEN RODRIGUEZ		
		Name of Person	<del></del>
	TAXSMART ACCOUNT	ING SERVICES LLC	
		Firm/Company	
	9957 MOORINGS DR UI	NIT 502	
		Address	
	JACKSONVILLE, FL 32	257	
		City/State and Zip Code	
	INFO@TAXSMARTCOR		
		to be used for future annual report not	ification)
For further information co	oncerning this matter, please c	aii:	1 \D
HELEN RODRIGUEZ		904 733-0027 at ()	*1
Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for th	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 S	=	<u>Street Address:</u> Registration Se	ection
Division of Co	orporations	Division of Cor	rporations
P.O. Box 632° Tallahassee, F		The Centre of 1 2415 N. Monro	Fallahassee be Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

R & F HANDYMAN CONSTRUCTION LLC (Name of the Limited Liability Compa	inv as it now appears on our record	ds.)
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	Liability Company)	,
The Articles of Organization for this Limited Liability Company	were filed on 05/05/2023	and assigned
Plorida document number L23000224062		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		1 3
		2 36
Enter new mailing address, if applicable:		
		· · ·
Mailing address MAY BE A POST OFFICE BOX)		
		<del></del> _
<ol> <li>If amending the registered agent and/or registered office agent and/or the new registered office address here:</li> </ol>	address on our records, <u>enter</u>	the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre.	88
		lorida
<del></del>	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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>x</u>	AMBR	RAFAEL A MONTOYA RODRIGUEZ	□Add
		42 W 44TH STREET	■Remove
		JACKSONVILLE, FL 32208	□Change
			□Add
			□ Remove
			□Change
	<del></del>		□Add
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			Change

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Signature of a member or authorized representative of a member	JULY 28 ted	·	
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Filing Fee: \$25.00