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### **COVER LETTER**

ection porations			
rt LLC			
Name of Lin	nited Liability Company		
Amendment and fee(s) are sub	omitted for filing.		
Dean Badger			
	Name of Person	<del></del> -	
Marine Mart LLC			
	Firm/Company	· · · · · · · · · · · · · · · · · · ·	
11919 Granite Woods Loc	qq		
	Address		
Venice, Florida 34292			
	City/State and Zip Code		
_ dean.r.bac	ger@gmail.com		
E-mail address: (	to be used for future annual report not	ification)	
oncerning this matter, please c	all:		
	941 228-6008		
f Person		ne Telephone Number	
ne following amount:			
☐ \$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)	
<u>s:</u> Section	<u>Street Address:</u> Registration Se	ction	
orporations	Division of Cor	Division of Corporations	
	Amendment and fee(s) are substituted and fee(s)	Amendment and fee(s) are submitted for filing.  Indence concerning this matter to the following:  Dean Badger  Name of Person  Marine Mart LLC  Firm/Company  11919 Granite Woods Loop  Address  Venice, Florida 34292  City/State and Zip Code  dean. c. badge @ gmail. Com  E-mail address: (to be used for future annual report not oncerning this matter, please call:  at (	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Marine Mart LLC		FILED
(A Florida	ity Company as it now appears a Limited Liability Company)	ZUZ4 DEC ID PM 3-1.1
The Articles of Organization for this Limited Liability C	Company were filed on 01/1	6/2024 OF STATE assigned TALLAHASSEE, FL
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company her	<u>c</u> :
Handyman Authority LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:	<del></del>	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our rec	ords, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florid	a 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 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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Remove
			Change
			□ Add
			□Remove
			□ Change
			⊡Add
		□Remove	
			□Change
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(If an off Note:	ive date, if other than the date of filing: (optional) fective 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 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the date on the Department of State's records.
tha ra	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
) The	
) The	December 1 , 2024.
) The	is. 1/1
) The	December 1 , 2024.  Signature of a member or authorized representative of a member