

L24000121049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2024 NOV 15 PM 4:13
CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations
HIS HANDY WORK**

SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Emma Fair

Name of Person

His Handy Work LLC

Firm/Company

915 W Wisconsin Ave

Address

Deland, FL 32720

City/State and Zip Code

emmafair1611@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Emma Fair

386

507-1312

Name of Person at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the 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 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**

HIS HANDY WORK 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 March 14, 2026 assigned
Florida document number 124000121049

2026 NOV 15 PM 4:49
CLERK OF STATE
TALLAHASSEE, FL

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)

915 W Wisconsin Ave

Deland, FL 32720

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

915 W Wisconsin Ave

Deland, FL 32720

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:

Emma G. Fair

New Registered Office Address:

915 W Wisconsin Ave

Enter Florida street address

Deland

Florida

32720

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>	<u>Type of Action</u>
MGRM	Emma G. Fair		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		915 W Wisconsin Ave Deland, FL 32720	<input checked="" type="checkbox"/> Change
MGR	Andrew J. Fair		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		915 W Wisconsin Ave Deland, FL 32720	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)(b)

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.

Emma Zi

Typed or printed name of signee