L24000271545

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COVER LETTER

TO: Registration Section

Division of Corporations

Tallahassee, FL 32314

subject: <u>HAND</u>	1PUS SHORT NO	TICED SOLUTIONS ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ALEXANDER	J. MULLING JR. Name of Person	
	HANDIPUS SH	ORT NOTICED SOLUTION Firm/Company	
	10010 N. 28TH	ST. Address	
	TAMPA, FL 3	3612 City/State and Zip Code	
	UARROD MULLI E-mail address: (1	15 20 24 O VA HOO . C.O.M. to be used for lature natural report notification)	
For further information e	oncerning this matter, please ca	aff:	7024 C
ALEXANDER Name o	J. MULLINS 1/2 Person		
Enclosed is a check for the	ne following amount:		PH 3: L
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certifieate of State Certified Copy (additional copy is enclosed)	
Mailing Address Registration 9	Section	Street Address: Registration Section Division of Corporations	
Division of C P.O. Box 632		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



August 26, 2024

ALEXANDER JARROD MULLINS JR. 10010 N. 28TH STREET TAMPA, FL 33612

SUBJECT: HANDIPUS SHORT NOTICED SOLUTIONS L.L.C.

Ref. Number: L24000271545

We have received your document for HANDIPUS SHORT NOTICED SOLUTIONS L.L.C. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILTY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 124A00019022

Anissa Butler Regulatory Specialist II

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 06.14.2024 Florida document number <u>L 24000271545</u>. 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: ALEXANDER 1. MULLINS UR Name of New Registered Agent: New Registered Office Address: TAMPA Florida 33612

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

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
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			Remove
			☐ Change
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			□Remove
			□Change

y. II ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff Note:	ve date, if other than the date of filing:
f the recor	d 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 ed.
Dated	OCTOBER 28, 2024.
	Signature of a member or authorized representative of a member
	ALEXANDER J. MULLINS JR. Typed or printed name of signee

Filing Fee: \$25.00