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T. HAMPTON

COVER LETTER

Divi	sion of Corpo	rations		
SUBJECT:	J.G.C. Har	ndyman Service LLC		
SCINECT.		Name of Limi	ted Liability Company	
The enclosed	Articles of An	nendment and fee(s) are subr	nitted for filing.	
Please return	all correspond	ence concerning this matter t	to the following:	
		James G Cooke Jr.		
			Name of Person	
		J.G.C Handyman Se	rvice LLC	
			Firm/Company	
		10 Pennfield Ln		
		"	Address	
		Palm Coast Fl. 3216	4	
			City/State and Zip Code	
		jgchandymanserv@y		
		E-mail address: (to	o be used for future annual report notifi	cation)
For further in	formation con-	cerning this matter, please ca	ll:	
James Co	ooke		386 338-8361	
	Name of Po	erson	at () Area Code Daytime	Telephone Number
Enclosed is a	check for the	following amount:		
□ \$25.00 F	iling 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:

TO:

Registration, Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION OF**

J.G.C. Handyman Service		
(Name of the Lim	ted Liability Company as it now appe (A Florida Limited Liability Company)	ers on our records.)
The Articles of Organization for this Limited I	iability Company were filed on 2	2/10/2015 and assigned
Florida document number L1500025293	· · · · · · · · · · · · · · · · · · ·	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company l	iere:
The new name must be distinguishable and end with the	words "Limited Liability Company," th	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	TASE 15
		ATT TO
		22
Enter new mailing address, if applicable:		TO TO THE
(Mailing address MAY BE A POST OFFICE		
Manual pharess MAI DE A FOST OFFICE	<u>BUAI</u>	
		nar on
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:		n our records, <u>enter the name of the ne</u>
Traine of New Registered Figure.	40.0	
New Registered Office Address:	10 Pennfield Ln	orida street address
	Palm Coast	Florida 32164
	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. Jod' Joan II Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	James Cooke	10 Pennfield Ln Palm Coast, Fl. 32164	Add
			Remove
AP	Jodi Green		
			■ Remove
	·		Add
		. =	□ Remove
		AACT	
			Remove O
			Add
			Remove
			Add
			_□ Remove

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fective date must be specific, cannot be prior to date the this document is filed by the Florida Department of February 17	of receipt or filed date and cannot be more than 90 days after of State) 2015
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Page 3 of 3

Filing Fee: \$25.00

