(07000023854

(Requ	estor's Name)			
(Address)				
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(City/S	State/Zip/Phone	e #)		
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MAR - 4 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 14, 2008

JESUS VALDES 2686 LESABRE PLACE FERNANDINA BEACH, FL 32034

SUBJECT: JESSE DOES IT ALL HANDYMAN SERVICE, LLC

Ref. Number: L07000023854

We have received your document for JESSE DOES IT ALL HANDYMAN SERVICE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(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) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 608A00057232

2009 MAR - 3 PM 1: 27

District of Comparations, D.O. POV 6997 Tollahagaa, Florida 99914

COVER LETTER

TO: Registration S Division of Co					
SUBJECT:		ited Liability Company)	HANDMAN	Service	s,U
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Jewse Doe	(Name of Person) STAU A (Firm/Company) 6 LeSabre (Address)		poren, U	ve
		(Address) A) MA BCA-C (City/State and Zip Code)		234	
Jesus	concerning this matter, please c - Valdes of Person)	α	7 - 139 4 Lime Telephone Number)	2609 MAR -3 SECRETARY TALLAHASSE	The second secon
Enclosed is a check for t	he following amount:			Ser Pr	
\$25.00 Filing Fee	□\$30.00 Filing Fee &	□\$55.00 Filing Fee &	□\$60.00 Filing Fe		

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

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

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jesse Does IT Au (Name of the Limited Liability Compan	L HANOS	man Services, LC		
(A Florida Limited L The Articles of Organization for this Limited Liability Company Florida document number 47999238		$3\sqrt{5\sqrt{s}}$ and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	ility company here:			
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Company,	"the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2686 Ferna 32034	Le Sabre Place NOINA Beach, TI		
Enter new mailing address, if applicable:	2686	Le Sabre Phile		
(Mailing address MAY BE A POST OFFICE BOX)	Fernan 32034	IPINA BEACK TO		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		records, enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:	(Enter Florida 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 608, 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)

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member **Title Address Type of Action Name** MEKA □ Add Remove Add Remove ☐ Add Remove ☐ Add Remove _ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member of authorized representative of a member Typed or printed name of signee

- If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Page 2 of 2

Filing Fee: \$25.00