109000008127

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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| |
| |

Office Use Only

B. KOHH 0CT 1 2 2012

EXAMINER



500238564905

08/21/12--01018--027 **50.00

SECRETARY OF STATE

APPROVEU A**N**O FILED

D. BRUCE
AUG 22 2012
EXAMINER



August 22, 2012

ORLANDO JONES 7950 FRONT BEACH RD, UNIT C PANAMA CITY BEACH, FL 32407

SUBJECT: AJ'S JANITORIAL & HANDYMAN SERVICES, LLC

Ref. Number: L09000008127

We have received your document for AJ'S JANITORIAL & HANDYMAN SERVICES, LLC and your check(s) totaling \$50.00. 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) 245-6051.

Letter Number: 512A00021605

Deborah Bruce Regulatory Specialist II

www.sunbiz.org

COVER LETTER

| TO: | Registration Section Division of Corporations | | | | |
|----------|--|---|------------------------------------|------------|-----------|
| SUB. | | nandyman services LLC ed Liability Company | | | |
| Dear | Sir or Madam: | | | | |
| The e | nclosed Registered Agent/Registered Office | Change and fee(s) are submitted for filing. | | | |
| Pleas | e return all correspondence concerning this r | matter to the following: | | | |
| | Orlando Jones | | | | |
| | Name of Person | | | | |
| | AJ'S Janitorial &handyman services Li | LC | | | |
| | | | SECH ALL! | 12 A | |
| | 7950 front beach rd unit c | | CRETARY OF STAI LAHASSEE, FLORI | AUG | |
| | Address | ······································ | 충돌 | 2 | |
| | | | 33 | _ | -2 |
| | | | ាំ្ | 21 AMII:19 | 85 |
| | Panama City Beach FL 32407 | | 77.00 | = | |
| | City/State and Zip Code | | 웃고 | •• | |
| | | | $\exists \Box$ | 9 | |
| | | | 7.> | | |
| <u>F</u> | reggaerudi@hotmail.com -mail address: (to be used for future annual report notificat | tion) | | | |
| • | Final address, to be used for forme amount open formed | , | | | |
| For f | urther information concerning this matter, ple | ease call: | | | |
| | Leroy Jones at (| 850) 8322144 | | | |
| | Name of Person | Area Code & Daytime Telephone Number | | | |
| | OTROPOSOLINIED ARRESS. | MAIN INC ADDRESS. | | | |
| | STREET/COURIER ADDRESS: | MAILING ADDRESS: | | | |
| | Registration Section | Registration Section | | | |
| | Division of Corporations Clifton Building | Division of Corporations P.O. Box 6327 | | | |
| | 2661 Executive Center Circle | Tallahassee, Florida 32314 | | | |
| | Tallahassee, Florida 32301 | Tananassee, Tionaa 32314 | | | |
| | Enclosed is a check for the following am | oount. | | | |
| | | | | | |
| | \$25 Filing Fee | \$55 Filing Fee & Certified Copy | | | |

COVER LETTER

| TO: | Registration S Division of Co | | | |
|---------|----------------------------------|--|---|--|
| SUBJE | ECT: | AJ'S Janitorial& h | andyman Services LLC | |
| | | Name of Lim | ted Liability Company | |
| The en | closed Articles o | f Amendment and fee(s) are sub | omitted for filing. | |
| Please | return all corresp | ondence concerning this matter | to the following: | |
| | | | Mowayne Copland Name of Person | |
| | | Aj's Janito | rial &handyman services LLC | = |
| | | | Firm/Company | 12 A SECH ALLA |
| | | | 950 Front beach rd c | UG 2: |
| | Panama City 32407 | | | RECEIVED NUG27 AM 6: RETARY OF STA WASSEE, FLOR |
| | | reç | City/State and Zip Code | AM 6:50 OF STATE E. FLORIDA |
| For fur | ther information | E-mail address: (concerning this matter, please of | to be used for future annual report notification) | , O |
| | i | _eroy Jones | at (850 ₁) 8322144 | |
| | Name | of Person | Area Code & Daytime Telephone Nu | mber |
| Enclos | ed is a check for | the following amount: | | |
| \$25 | 5,00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | Certified Copy Cert (additional copy is enclosed) Cert | D Filing Fee, ificate of Status & ified Copy itional copy is enclosed) |
| | Regis Divîs P.O. | LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, FL 32314 | STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | S: |

MIL 10:21 21/62/00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Aj'S Jan (<u>Name of the Limite</u> (| Itorial Handy d Liability Compa A Florida Limited | man Services inv as it now appears o Liability Company) | LLC n our records.) | |
|---|---|---|---------------------------------------|-------------------------|
| The Articles of Organization for this Limited L Florida document numberL0900008 | iability Company | | | and assigned |
| This amendment is submitted to amend the fol | lowing: | | | |
| A. If amending name, enter the new name of | of the limited liab | oility company here: | | |
| | N/A | | | |
| The new name must be distinguishable and end w "L.L.C." | ith the words "Lim | ited Liability Company, | " the designation "L | LC" or the abbreviation |
| Enter new principal offices address, if applicable: | | SAME | | |
| (Principal office address MUST BE A STREET ADDRESS) | | SAME | | |
| Enter new mailing address, if applicable: | | CAME | ······ | |
| (Mailing address MAY BE A POST OFFICE | SAME | | | |
| B. If amending the registered agent and registered agent and/or the new registered of | | flice address on our | records, enter t | |
| Name of New Registered Agent: | N/A | | · · · · · · · · · · · · · · · · · · · | |
| New Registered Office Address: | N/A | Entar | Florida street add | rare |
| | | | r ioriau sireei aaa | 1633 |
| | | PANAMA | , 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

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|----------------------------------|---|-----------------|
| MGR | Mowayne Copland | 1804 clay ave Panama city fl 32407 | Add Z Remove |
| MGR | Orlando Jones | 1804 Clay ave Panama City fl 32407 | ☐ Add ✓ Remove |
| | | | Add Remove |
| . | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| D. If am | | (s) here: (Attach additional sheets, if necessary.) nese two officers from my LLC | _ |
| | I have already submit payment of | \$ 50.00 for the removal | - |
| Dated | 08/24/2012 | 4 | _ |
| • | | | **** |
| | L | or authorized representative of a member .eroy Jones r printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00