

# L11000035423

\_\_\_\_\_  
(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:

Office Use Only



## 100199783691

03/31/11--01009--021 \*\*25.00

**FILED**  
2011 MAR 31 PM 3:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**C. LEWIS**  
APR 19 2011  
**EXAMINER**

April 12, 2011

I will notify you that four weeks ago the form to amend the name of my corporation was sent and has not made the requested change. Attached voided check and a copy of the amendment form.

Att,

A handwritten signature in cursive script, appearing to read "Hector Ramos".

Hector Ramos

# Chase Online

BUSINESS CLASSIC (...3921)

Check Number: 1081

Post Date: 04/01/2011

Amount of Check: \$25.00

EJ SMALL BUSINESS ACCOUNTING & PAYROLL  
5145 CURRY FORD RD., STE. B  
ORLANDO, FL 32812-6708

1081

3/29/11

Pay to the order of Florida Department of State \$25.00  
Twenty Five <sup>00</sup>/<sub>100</sub> dollars

CHASE  
JPMorgan Chase Bank, N.A.  
Miami, Florida 33186  
www.chase.com

for Andrew Hester Rando Corp.

2670841311 854643921 1081 00000002500

Need help printing or saving this check?

2125 00152

6650980679

BANK OF AMERICA NA, JAX  
10110001004 ES20 24 PMS  
04/01/11

DOCS-4500453-1009008736  
DEPOSIT ONLY 25.00  
03/31/11-01009--021

Need help printing or saving this check?

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: HR HANDYMAN SERVICES & MORE LLC**  
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:

**Hector Ramos**

Name of Person

**HR HANDYMAN SERVICES & MORE LLC**

Firm/Company

**405 LOCHMOND DR**

Address

**FERN PARK FL 32730**

City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Person

at ( )

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**MAILING ADDRESS:**

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

FILED

2011 MAR 31 PM 0:52

HR HANDYMAN SERVICES & MORE LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03/24/2011 and assigned  
Florida document number L11000035423.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

5 Stars Solution Services LLC

The new name must be distinguishable and end with 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:

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

**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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of a member or authorized representative of a member

\_\_\_\_\_  
Typed or printed name of signee

2011 MAR 31 PM 4:58  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED