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(Re	equestor's Name)			
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(Bi	usiness Entity Nan	ne)		
(Document Number)				
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SEGRETARY OF STATE

C. LEWIS

APR 1 9 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,

(HOUR !

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

S145 CURRY FORD RD., STE B

ORLANDO, FL 32812-6709

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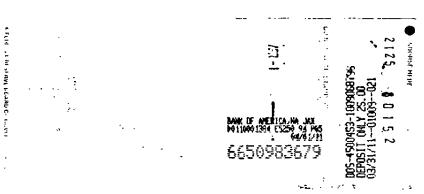
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COVER LETTER

Division of Co	prporations	
SUBJECT:	HR HANDYMAN SERVICES & MORE LLC	
	Name of Limited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are submitted for filing.	
Please return all correspondent	ondence 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 c	concerning this matter, please call:	
Name o	at () of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the	the following amount:	
\$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	sed)

TO:

Registration Section

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

ZEN MAR 31 PH SE SE

HR HANDYMAN SERVICES & MORE LLC SECRETARY OF STATE IALL AHASSEE FLORIDA

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

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liz	ability Company were filed on	03/24/2011	and assigned
Florida document numberL110000354	423		Ţ
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability company he	re:	
5 Stars Solution	in Services LA	<u>'</u> C	
The new name must be distinguishable and end with "L.L.C."			LC" or the abbreviation
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered office address on o	our records, <u>enter tl</u>	ne name of the nev
Name of New Registered Agent:			
New Registered Office Address:			
	En	ter Florida street addr	ress
		, 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

IGR = Ma IGRM = N	nager Managing Member		
<u>tle</u>	Name	Address	Type of Action
			Add
			Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add
			Remove
If amen	ding any other information, enter	change(s) here: (Attach additional sheets, if necess	sary.)
			ZECI SECI
ed	······································	·	MAR 31 REJARY AHASSEI
		Hester Paris	R31 MA
	Signature of a n	nember or authorized representative of a member Heckor Ranos	FF CON TO
		Typed or printed name of signee	8

Page 2 of 2

Filing Fee: \$25.00