

L11000072369

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12 JAN 17 PM 1:58

SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

TO:		ation Sec n of Corp			
SUBJECT: JC'S HANDYMAN SERVICE OF NW FLORIDA LLC					
Name of Limited Liability Company					
The en	closed Ar	ticles of A	Amendment and fee(s) are sul	bmitted for filing.	
Please	return all	correspor	ndence concerning this matter	to the following:	
·				JAMES C HOLLAND	
				Name of Person	
				Firm/Company	
				6135 ROBIN RD	<u></u>
. Address					
CRESTVIEW FL 32539 City/State and Zip Code					
FREEDOMTAXPLUS@HOTMAIL.COM					
			E-mail address: (to be used for future annual report not	ification)
For fur	ther infor	mation co	ncerning this matter, please of	call:	
		JAMES	S C HOLLAND	at (<u>850</u>)	603-1543
Name of Person		Area Code & Daytin	me Telephone Number		
Enclose	ed is a che	eck for the	e following amount:		
\$25	.00 Filing	g Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		tion Section of Corporations x 6327	STREET/COUR Registration Sect Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	orations Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JC'S HANDYMAN SERVICE OF NW FLORIDA LLC

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

12 JAN 17 PM 1:56

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) 06/22/2011 The Articles of Organization for this Limited Liability Company were filed on _____ and assigned Florida document number L11000072389 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 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> **Address Type of Action MGRM** JAIRO DAVID AGUILAR 6108 OLD HICKORY RD CRESTVIEW FL 32539 ✓ Add Remove ☐ Remove Remove Remove \Box Add Remove \prod Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) JANUARY 13 2012 Dated Holland James Signature of a member or authorized representative of a member JAMES C HOLLAND Typed or printed name of signee

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Filing Fee: \$25.00