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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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04/19/12--01017--012 **30.00

FILED' 12 APR 19 PH 4: OT SEVIETARY OF STATE FALLAHASSEE, FLORID



COVER LETTER				
TO: Registration Section Division of Corporations				
SUBJECT: <u>AJL Handyman Services UC</u> 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:				
Gloria Lopez				
Name of Person				
AJL Hondymon Services UC Firm/Company				
4613 Southpur bay Drue				
Kussimmer Floridg, 34759 City/State and Zip Code				
<u>ALHANDY Services @ 9mail - Com</u> E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call: $ \underbrace{\begin{array}{c} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\$				

Enclosed is a check for the following amount:

\$25.00 Filing Fee

530.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)

\$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

STREET/COURIER ADDRESS:

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

ARTICLES OF A	
ARTICLES OF OF	Ell Era
OF	12 APR ID
(Name of the Limited Liability Company	Servers and the start of come
(A Florida Limited Lia	y as it now appears on our records.) LAMASSEE, FLORIDA
The Articles of Organization for this Limited Liability Company v	
Florida document number <u>L12000018849</u>	
This amendment is submitted to amend the following:	
A If amonding name, and a the new name of the Burlts J Bellink	84
A. If amending name, enter the new name of the limited liability	ity company here:
N44	
The new name must be distinguishable and end with the words "Limite	d Liability Company," the designation "LLC" or the abbreviation
2.2.0.	DIA
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	wat a state of the
Enter new mailing address, if applicable:	NIA
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	ce address on our records, enter the name of the new
Name of New Registered Agent:	

New Registered Office Address:	620 Sunset	blud	
		Enter Florida street ada	lress
	Kissimmee	, Florida	34741
	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</u> or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MR	Cesar A. Lopez	1504 Mabbette Street Kissimmeer flordg	Add Remove
			Add Remove
			Add Remove
	.		Add Remove
			Add Remove
	•		Add Remove
D. If an	ending any other information, enter chan NIA	nge(s) here: (Attach additional sheets, if necessary.)	
			-
Dated	03/26/2012A	er liges	_
	<u> </u>	ber or authorized representative of a member LOPCZ ed or printed name of signee	
	турс	Page 2 of 2	

