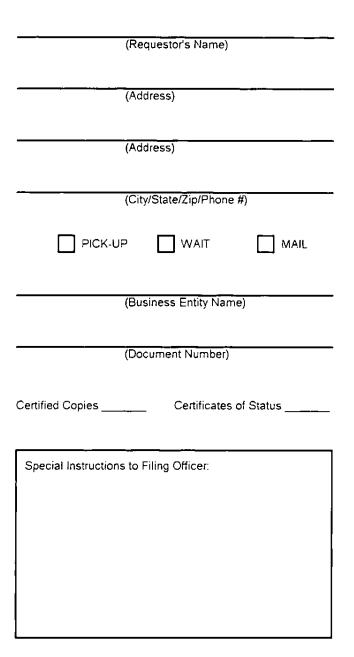
## LIS 0000 74653







800429924638

05/17/24--01007--007 +\*25.00

2024MAY 17 PM 2:28

## **COVER LETTER**

TO:

Registration Section

Division of Cor	poration,		
	VILLE HOME REPAIRS AN	D HANDYMAN SERVICE LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Sven Silver Juur	•	·
		Name of Person	
	JACKSONVILLE HOME	REPAIRS AND HANDYMAN S	SERVICE LLC
		Firm/Company	<del></del>
	12031 GRASSE ST		
		Address	· · · · · · · · · · · · · · · · · · ·
	JACKSONVILLE, FL 322	224	
		City/State and Zip Code	<del></del>
	svenssilver@hotmail.com	to be used for future annual report no	(itioation)
For further information of	concerning this matter, please c		ancadon)
Sven Silver Juur		904 755-9927	·
Name o	of Person		ne Telephone Number
Enclosed is a check for t	he following amount:		
<b>№</b> \$25,00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address: Registration So	
Division of C P.O. Box 632		Division of Co The Centre of	
Tallahassee,			pe Street, Suite 810

Tallahassee, FL 32303

## ARTÍCLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JACKSONVILLE HOME REPAIRS AND HANDY	MAN SERVICE LLC	
Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our rec Liability Company)	cords.)
The Articles of Organization for this Limited Liability Company Florida document number 1.15000074653	were filed on 04/28/2 <b>015</b>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Juur Dream Home LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "l	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		2024 I
Enter new mailing address, if applicable:	N/A	HASS
(Mailing address MAY BE A POST OFFICE BOX)		H 2: 2
		.m &
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	Nuter Florida street ad	

## 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person\_being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
,			□Remove
',		<del></del>	☐ Change
	\		
			□Remove
•	,		☐ Change
			□Add
	·	\ \\	□Remove
	· \		Change
	<del>\</del>	<u> </u>	<u>`</u>
			Remove
	\ \ \		□Change
			DAdd
	nett, till til	\ <u>-</u>	
			☐ Change
		· \	
			□Remove
			□Change

	`.
	· ·
	`
fective (	date, if other than the date of filing: (optional)
an effectiv nter 10 th	re date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 ne date inserted in this block does not meet the applicable statutory filing requirements, this date will not be fisted
ocument':	s effective date on the Department of State's records.
record spe	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is filed.	
ated	06/2024
	Senaulre of a member or authorized representative of a member