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**S Warren** JUN 2 7 2016

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: JEE Handy man Residential and Commercial Service L.  Name of Limited Liability Company	LC
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Josue Fleureus Name of Person	
Name of Person	
Firm/Company	
1124 Waves Address	
Lehigh Acres, F1 3.3936  City/State and Zip Code  hayanmind & yanoo-com  E-mail address: (to be used for future annual report notification)	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Josue Fleureus at (786) 879-5358  Name of Person Area Code Daytime Telephone Number	_
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing  Certificate of Status Certified Copy Certified Copy  (additional copy is enclosed) Certified Copy  (additional copy is enclosed)	f Status & Dy

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

UE E Mandyman Kesiden	tial and Commercal Services LLC.
OE E MANOYMAN Resident (Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)
·	• • •
The Articles of Organization for this Limited Liability Cor	•
Florida document number 1 16000000925	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	d liability company here:
J&E Home Services "	LLC".
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
• •	(22)
(Principal office address MUST BE A STREET ADDRE	
	व्यक्त हुई
	<u>%</u> ₹ ≥ <b>-</b>
TO 4	AS F M
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	0 = 2
B If amending the registered agent and/or register	red office address on our records, enter the name of the new
registered agent and/or the new registered office address	
Name of New Registered Agent:	
New Registered Office Address:	
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 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

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fective date, if other than the date of filing:	or to date of filing or more the	(optional	) n ) Pursuant to 605 020
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ocument's effective date on the Department of State's record	S.		
record specifies a delayed effective date, but n	ot an effective time.	at 12:01 a.m.	on the earlier of
The 90th day after the record is filed.	·		
	11		
ated <u>June 14</u> , <u>201</u>	<u>6</u>		
Signature of a member or aut	horized representative of a m	ember / >-	(n
	-	₩¥ <del>***</del> *	5-3
Josue Fleure a Typed or prin		5770 1114 7100	= m

Page 3 of 3

Filing Fee: \$25.00