## L/6000031438

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K.SALY EXAMINER

## COVER LETTER ATT. : KAREN 4 PAGES

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	Registration Sec Division of Corp			
SUBJECT		AAN SERVICE, LLC		
COBOLC	·	Name of Lim	ited Liability Company	——————————————————————————————————————
The enclos	sed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please retu	ım all correspon	dence concerning this matter	to the following:	
		PESQUIRA , JIJI A	•	
			Name of Person	
		JJ HANDYMAN SERVIC	ES, LLC	
			Firm/Company	
		457 SUNLAKE CIRCLE	APT# 305	
			Address	
		LAKEMARY,FL 32746		
			City/State and Zip Code	<del></del>
		li-mail address: (1	to be used for future annual report notific	ention)
For further	r information co	ncerning this matter, please ea	alt:	
PESQUIR	A,JIJI		407 430-2317 at ( )	
	Name of	Person		Telephone Number
Enclosed i	is a check for the	following amount:		
\$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 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

RECEIVE 2016 FEB 18 AH 9: 42 TALLAHAS AL FIRATE

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2016 FEB 18 PM 6: 00

TALLAHASSEE FLORING

JJ HANDYMAN SERVICES, LLC

(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 Liability Company	were filed on <u>02-15-2016</u>	and assigned
Florida document number L16000031438		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
JJP HANDYMAN SERVICES,LLC		
The new name must be distinguishable and contain the words "Limited Liabile	ty Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<b>W. A. C. C.</b>	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	1,104	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of	Ese adduses on one masswis	anter the name of the name
registered agent and/or the new registered office address here		tatel the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
110111100	Enter Florida sireet address	
	, Flori	da
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		,
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, and provided for in Chapter 605, F.	I am familiar with and S. Or, if this document is
company has been notified in writing of this change.	man out a more by congress the man	me macing

If Changing Registered Agent, Signature of New Registered Agent

☐ Change

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member Type of Action <u>Title</u> **Address** Name Jiji A. PESQUIRA 457 SUNLAKE CIR □ Remove □ Change □ Remove □ Change □ Add □ Remove Remove ☐ Change □ Add □ Remove \_ Change Remove

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	11 29 4 th Admin		***************************************
ffective date, if other than t	ne date of filing:		(optional)
an effective date is listed, the date in	just be specific and cannot be prior to	o date of tilling or more than 90 d	_ <b>(optional)</b> ays after filing.) Pursuant to 605.0207 (3) nts, this date will not be listed as the
ocument's effective date on the	Department of State's records.	ore section, similar requirement	ms, and duc with not be fisted as the
e record specifies a delay The 90th day after the re	ed effective date, but not ecord is filed	an effective time, at 1	2:01 a.m. on the earlier of:
THE POUT GOT GIVE TO	, core vo maar		
02 - 18	2016		
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	1 / /		
	A. Welland		1444
- in	Signature of a member or author	ized representative of a member	

Page 3 of 3

Filing Fee: \$25.00