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COVER LETTER

Division of Co						
SUBJECT:	Jarvis Hon	e Maintenance Sited Liability Company	erica			
		,				
The enclosed Articles of	`Amendment and fee(s) are sub	mitted for filing.				
Please return all correspondent	ondence concerning this matter	to the following:				
	Ω					
	Kegi	Name of Person				
			_			
	Zarv	is Home Maintena	ina Service			
		Firm/Company				
	90	Box 24 Address				
		Address				
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	\	City/State and Zip Code	<u>, </u>			
	1901	City/State and Zip Code showe meintenance to be used for future annual report noti	e grailocom			
	E-mail address: (to be used for future annual report noti	tication)			
For further information of	concerning this matter, please co	all:				
Q	Januar	850 348	-1167			
Name o	of Person	at (850) 348-1192 Area Code Daytime Telephone Number				
Enclosed is a check for t	he following amount:					
S∕325.00 Filing Fee	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,			
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Addre		Street Address:	-A*			
Registration Division of 0		Registration Section Division of Corporations				
P.O. Box 632		The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

10	,	.
ARTICLES OF O	RGANIZATION	, , ,
OI	₹	1037
Jarvis Home War	ntenance Service	
		The Mark A
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	ability Company)	LIC 20 AH 8. 13
	a. 1-17.19	
The Articles of Organization for this Limited Liability Company v	were filed on $1 - 1 = 1 = 0$	and assigned
Florida document number <u>L18000014976</u>		
This amendment is submitted to amend the following:		
This amendment is submitted to amend the following.		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	y 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 ac	idress 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	
	, Florid	a
	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

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>	Name	Address	Type of Action
merm	Regina Janvis	18120 Dorjece Drive	SAdd
		Foundain FL 32438	□Remove
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lf an effecti <u>Note:</u> If t		the date must ed in this blo	be specific and ck does not n	i cannot be neet the ap	oplicable s			90 day	(optional) s after filing.) Pursuant ts, this date will not	
	d specifies Oth day afte				t not an	effecti	ve time, a	at 12	:01 a.m. on the	earlier of
Dated	Feb	17	 :	, <u>Z</u> 020	· ·					
		Q	signature of a	member or	authorized	represent	ative of a me	mber		
				<u> </u>		/				

Page 3 of 3

Filing Fee: \$25.00