118000088558

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COVER LETTER

то:	Registration Sec Division of Corp			
SUBJEC		HANDYMAN SERVICES L	LC	
SOBJEC	,ı. <u> </u>	Name of Lim	ited Liability Company	
The encl	osed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please re	turn all correspon	dence concerning this matter	to the following:	
		RAFAEL RODRIGUEZ		211
			Name of Person	BE 13 A
		305 ESTHER AVE	Firm/Company	THE IS A IN
		——————————————————————————————————————		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notifica	ition)
For furth	er information co	ncerning this matter, please ca	all:	
RAFAE	L RODRIGUEZ		904 4284984	
	Name of	Person	at () Area Code Daytime T	elephone Number
Enclosed	l is a check for the	e following amount:		
E \$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)
		NG ADDRESS:	STREET/COURIER Registration Section	RADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RAFAEL'S 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 _____04/09/2018 and assigned Florida document number ___ 118000088558 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: RJ CONSULTING SERVICES & MORE LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) , ter Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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>	<u>Address</u>	Type of Action
MGR	JOEL ACEVEDO	4488 WHITE OAK CIR, KISSIMMEE, FL 34746	⊒ Add
			Add
			☐ Remove
			☐ Change
AMBR	RICARDO VAZQUEZ NAYSONET	305 ESTHR AVE	
		APOPKA. FL 32703	
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Effective date, if other than t	he date of filing:		(opti	onal)		
f an effective date is listed, the date in Note: If the date inserted in this	block does not meet the appl	or to date of filing or m licable statutory filing	ore than 90 days after requirements, thi	tiling.) Pi s date wi	ursuant to : Il not be l	605,020 listed as
document's effective date on the	Department of State's record	is.	,			
ne record specifies a delay	ed effective date, but r	not an effective t	ime, at 12:01 a	a.m. on	the ea	rlier o
The 90th day after the re			·			
DECEMBER 10 Dated	2018					
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Typed or printed name of signee

Filing Fee: \$25.00