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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: J. G. HOWOLY MAN Services LLC, Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
JON S. Goldstein
16. Handyman Servicess LLC.
9213 Barlett LH.
Tallahassee £1. 32305 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JON COLASTPIN at () 850294 58) & 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 Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our recor-(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 8-16-18 Florida document number 18000116878This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) 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: \prod_{i} Name of New Registered Agent: New Registered Office Address:

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.

City

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

Title	Name	Address	Type of Action
office	Calvin Smith	1124 Ocula 1d Tallahassee TZ Apt C-11	JAdd
	·	Tallahassee TZ Apt C-11	5 □Remove
			□Change
	Mary Shelfield		□Add
		9913 Baillett LN	Remove
		Tallahasse fl 3230	Change □ □ Change
			□Add
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f an effect <u>Note:</u> - If	date, if other than the date of filing:
e record s rd is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	3-2.2020
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	Signature of a member or authorized representative of a member