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(Requestor's Name)		
(Áddress)		
(Address)		
(City/State/Zip/Phone #)		
(Business Entity Name)		
(Document Number)		
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04/22/19--01012--022 ++25.00

R. WHITE



COVER LETTER

TO: **Registration Section Division of Corporations**

A-1 HANDYMAN SERVICES LLC

SUBJECT:

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:

JUAN MUSSEB

Name of Person

JPM MULTI SERVICE LLC

Firm/Company

1460 S Semoran Blvd

Address

ORLANDO, FL 32807

City/State and Zip Code JPMMULTISERVICE@GMAIL.COM

E-mail address: (to be used for future annual report notification)

407

For further information concerning this matter, please call:

JUAN MUSSEB

401-9198 at (Davtime Telephone Number Name of Person Area Code

Enclosed 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	2019 AFR 22 PM 3: 22
A-FHANDYMAND SERVICES LLC	C I P C I I I I
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company	
Florida document number L19000062725	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabi</u>	lity company here:
CMR ELECTRIC SERVICES LLC	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST <u>BE A STREET ADDRESS)</u>	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street 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

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

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

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MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			🛛 Add
			Remove
			Change
			Add
			Remove
			Change
			D Add
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···			🖸 Add
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			Change
			🗋 Add
		<u> </u>	Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

APRIL 17 Dated ____

2019

Signature of a member or authorized representative of a member

CHRISTIAN MARTINEZ

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00