19000069063

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
ed Copies Certificates of Status
cial Instructions to Filing Officer:
<u> </u>

Office Use Only



600337521426

JAN 1 5 2020 S. YOUNC

COVER LETTER

Registration Section Division of Corporations

JECT: JW HAND	YMAN SERVICES & HOME		
	Name of Limi	ited Liability Company	
enclosed Articles of	Amendment and fec(s) are sub-	mitted for filing.	
se return all correspo	ondence concerning this matter	to the following:	
	JEREMY WINNIE		
		Name of Person	
	JW HANDYMAN SERVI	CES & HOME RENOVATIONS,	LLC
		Firm/Company	
	4651 W Eau Gallie Blvd	d., #41	
		Address	
	Melbourne, FL 32934		
		City/State and Zip Code	
	E-mail address: (t	to be used for future annual report notifi	ication)
further information o	concerning this matter, please ca	ail:	
emy Winnie		at (321) 321-8593	
Name (of Person	Area Code Daytime	Telephone Number
losed is a check for t	he 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

JW HANDYMAN SERVICES & HOME RENOVATIONS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) Articles of Organization for this Limited Liability Company were filed on 3/11/2019 and assigned ida document number ____L19000069063 amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: new name must be distinguishable and contain the words "Limited Liability Company," the designation "LI.C" or the abbreviation "L.L.C." er new principal offices address, if applicable: ncipal office address MUST BE A STREET ADDRESS) r new mailing address, if applicable: ling address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new tered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

Registered Agent's Signature, if changing Registered Agent:

thy accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the sions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and a the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or. if this document is filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability any has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

_____, Florida ____

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

R = Manager

BR = Authorized Member

Ē	<u>Name</u>	Address	Type of Action
NAGER	Jeremy Winnie	4651 W Eau Gallie Blvd., #41	
		Melbourne, FL 32934	□ Remove
		****	Change
			Remove
			☐ Change
			Remove
		· · · · · · · · · · · · · · · · · · ·	Change
			Remove
			Change
			□ Add
			☐ Remove
			☐ Change
_			
			□ Remove
			Change

		· _			··-					
					, <u>-</u>					
-										
								· · · · · ·		
				·				 		_
								<u> </u>		
	 ,			·····	. <u> </u>					
			<u> </u>							
								- · · · · · · · · · · · · · · · · · · ·		
	·			****						
										
				-					 	_
						···			<u> </u>	
							• -	-		
ffective dat : If the da	e, if other than te is listed, the date ite inserted in the fective date on the	e must be sp iis block do	ecific and ea ses not med	et the applic	cable statut		than 90 days			
	ecifies a dela day after the			te, but no	ot an effe	ective tim	e, at 12:	01 a.m.	on the ea	dier of
11/1/2	019		 •		<u></u> .					
	Jeverny	J.	ture of a me	 MMU inber or auti	orized repre	sentative of a	n member			

Page 3 of 3

Filing Fee: \$25.00