## L19000106555

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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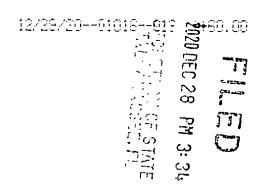




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## **COVER LETTER**

Registration Section
Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT: JER	Mandyman an Name of Lim	nd Cleaning S ited Liability Company J	errices, LLC
	Amendment and fee(s) are sub		
Please return all correspon	ndence concerning this matter	to the following:	
	Frances y.	Rucera Santias Name of Person May	nny Jernus, LCC
	Jen 114 09	Firm/Company	9. 9
		2 CF Address	2020 DE
	_	Address  34759  City/State and Zip Code  (D) GIVICITORIN  to be used for future annual report noti	· · · · · · · · · · · · · · · · · · ·
For further information co	oncerning this matter, please ca	all:	
FICENCES RIV		at ( <u>904)</u> <u>452 -</u> Area Code Daytim	4507 Telephone Number
Enclosed is a check for th	e following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration Sec Division of Cor The Centre of T	porations Fallahassee
Tallahassee, F	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JED Dandyna and Name of the Limited Liability Compa	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 19 00010055</u> 5	were filed on April 18,2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab  The new name must be distinguishable and contain the words "Limited Liabil	
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	930 Roberts Rd. Unit #80 Rake Hamilton, Fl 33851
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	930 Bobert & D.d. Upit #80 Kake Hamilton, Fl 32851
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:  New Registered Office Address:	Enter Florida street address
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as period being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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
HUDR	Daymond Rivera	JURISONVILLE 32750	□Add
	ricjius	Jacksonville 32250	E-Remove
			□Change
			□Add
			□Remove
			□Change □Z0Z0 □EAdd
			EAdd T
		(L) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	28 Remove
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			Change

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	<del>.</del>
Effective date, if other than the date of filing:  If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 on the Mote:  If the date inserted in this block does not meet the applicable statutory filing requirem document's effective date on the Department of State's records.	nents, this date will not be listed as
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli rd is filed.	ter of: (b) The 90th day after the
Dated $\underline{Nec 99}$ . $\underline{3000}$ .	
Signature of a member or authorized representative of a member	

Filing Fee: \$25.00