L19000299969

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	. WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Dc	cument Number)	
Certified Copies	_ Certificates	s of Status
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COVER LETTER

Registration Section Division of Corporations

TO:

Jimmy At SUBJECT:	Your Service Handyman LL0		,
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Gabriel O Robledo		
		Name of Person	
	AES Accounting & Cons	sulting LLC	
		Firm/Company	
	6965 Piazza Grande Av	enue, Suite 314	
		Address	
	Orlando, FL. 32835		
		City/State and Zip Code	
	admin@aesaccounting.n-	et	
	E-mail address: (to be used for future annual report no	tification)
For further information c	concerning this matter, please c	all:	
Alejandra Lopez		407 530 0958	
Name o	of Person	at () Area Code — Daytii	me Telephone Number
Enclosed 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 9 Division of C P.O. Box 632 Tallahassee.	Section Corporations 27	Street Address: Registration So Division of Co The Centre of	orporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Jimmy At Your Service Handyman LLC

2020 Mili 15 Pli 2: 28

(Name of the Limited Lighility Company as it now agnears on our records.)

(A Florida Limited I	iability Company)	<u>(1416)</u>
The Articles of Organization for this Limited Liability Company Florida document number L19000299969	were filed on 12/09/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	lity company here;	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "L	LC" or the abbreviation "L.L.C."
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 a agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, <u>ent</u>	er the name of the new registere
New Registered Office Address:	Enter Florida street add	ress
		Florida
	City	FloridaZip Code
$\underline{New\ Registered\ Agent's\ Signature,\ if\ changing\ Registered\ Agent:}$		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, provided for in Chapter 60,	and I am familiar with and 5, 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

Title	<u>Name</u>	Address 2020 HAT 15 PH 2: 28 Type of Ac	<u>tion</u>
AMBR	Jimmy E Marin	6474 MERRICK LANDING BLVD, WINDERMERE	
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Filing Fee: \$25.00