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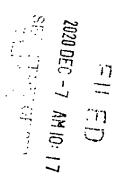
		
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COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Division of Corporations				
KMJ GENI	ERAL CONTRACTOR, LLC			
SUBJECT:	Mame of Limited Liability Company rticles of Amendment and fee(s) are submitted for filing. Correspondence concerning this matter to the following: GLADIS DODSON			
	Name of Emi	ned Elability 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:		
	GLADIS DODSON			
		Name of Person		
	CD TAY SERVICES DU	S 11 <i>C</i>		
		Firm/Company		
	P. O BOX 9187			
		Address		
	PORT SAINT LUCIE, FL	34985-9187		
		City/State and Zip Code		
	E-mail address: (to be used for future annual report no	otification)	
For further information of	concerning this matter, please ea	all:		
GADIS DODSON				
Name o	of Person	Area Code Dayt	ime Telephone Number	
finclosed is a check for the	he following amount:			
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy	
	•			
Mailing Addres				
Registration (Registration S		
Division of C P.O. Box 632		Division of C The Centre of		
r.O. BOX 012	' 1	The Centre of	Lananassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KMJ GENERAL CONTRACTOR, LLC	
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Con	ompany were filed on November 16, 2020 and assigned
Florida document number L20000361891	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limits	ed liability company here:
KMJ HANDYMAN SERVICES, LLC	
he new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRE	ESS) (2) N
	620
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	.♀ ≥ .⊓
	2 5 D
B. If amending the registered agent and/or registered eagent and/or the new registered office address here:	office address on our records, enter the name of the new regist
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zin Code

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.

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>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
			
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Effective date, if other than the da If an effective date is listed, the date must be	ate of filing: (optional) e specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605	5 0207 (
Note: If the date inserted in this block	k does not meet the applicable statutory filing requirements, this date will not be list	ed as t
document's effective date on the Depa	artment of State's records.	
ie record specifies a delayed effective da ord is filed.	late, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	r the
Dated November 27	2020	
Dated	· · · · · · · · · · · · · · · · · · ·	
7		
Sig	grature of a member or authorized representative of a member	
	/	
JOSUE A LOPEZ		