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COVER LETTER

TO: Registration Se Division of Cor			& V
	SERVICES LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	JULIO A GONZALEZ CO	ORDERO	
	NA VA	Name of Person	
	J&K HAND SERVICES I	.I.C	
		Firm/Company	
	3393 21ST AVE SW		
		Address	
	NAPLES FL 34117		
		City/State and Zip Code	
	julio90cordero@gmail.com	to be used for future annual report notifi	ration)
For further information c	oncerning this matter, please ca		· · · · · · · · · · · · · · · · · · ·
JULIO A GONZALEZ O		239 316-2353	
	f Person	at ()	Telephone Number
Enclosed is a check for the	ne 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 Addres	٠.	Street Address:	<i>©</i>
Registration 5	Section	Registration Sec	
Division of C P.O. Box 632		Division of Corp The Centre of To	illahassee
Tallahassee, l	FL 32314	2415 N. Monroe Tallahassee, FL	Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J&K HAND SERVICES LLC				
(Nume of the Lim	ited Liability Com (A Florida Limite	pany as it now appears on our d Liability Company)	records.)	
The Articles of Organization for this Limited I Florida document number L21000042537	_iability Compar	ny were filed on $\frac{01/22/2021}{}$		and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited lia	ability company here:		
N/A				
The new name must be distinguishable and contain the	words "Limited Lia	bility Company," the designation	a "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable:		N/A		
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or agent and/or the new registered office addressed and/or the new registered office addressed Name of New Registered Agent:		e address on our records,	enter the name	e of the new register.
New Registered Office Address:		Enter Florida street	address	
			, Florida	
		Ciņ		Zip Code
New Registered Agent's Signature, if changing	Registered Ager	<u>st:</u>		~ 95
I hereby accept the appointment as register provisions of all statutes relative to the propactions of my position as register being filed to merely reflect a change in the company has been notified in writing of this	per and comple sistered agent a registered offic	te performance of my duti s provided for in Chapter	ies, and I am fo 605, F.S. Or,	amiliar with and if this document is
	ICC	unging Registered Agent Sign	ature of New Res	ustered 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>	<u>Name</u>	Address	Type of Action
MGR	JULIO A GONZALEZ CORDERC	3393 21ST AVE SW	= Add
		NAPLES FL 34117	□Remove
			Change
			🗀 Add
			□Remove
			☐ Change
			□Add
			☐ Remove
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ective date, if other than the da	ate of filing:		(opti	ional)	
ective date, if other than the da n effective date is listed, the date must b	e specific and cannot be j	prior to date of filing or	more than 90 days afte	r tiling.) Pursuant	. to 605.020'
ite: If the date inserted in this block cument's effective date on the Department.			ling requirements, thi	is date will not t	be fisted as
ecord specifies a delayed effective d	late, but not an effecti	ve time, at 12:01 a.r	n. on the earlier of: (5) The 90th da	y after the
is filed.				~:	. (
MARCH 31ST	2021			021	
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3	11/22	authorized representat		1	
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Filing Fee: \$25.00