## LZ1000254814

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
· —
Special Instructions to Filing Officer:

Office Use Only



000369290080

97/09/21--01014--020 \*\*30.00

SECRETARY OF STATE

129/21

## **COVER LETTER**

	ion Section of Corporations		
GEM SUBJECT:	HANDYMAN SERVICES, LLC		
30bJIC1	Name of L	imited Liability Company	
The enclosed Artic	les of Amendment and fee(s) are si	ubmitted for filing.	
Please return all co	rrespondence concerning this matte	er to the following:	
	GILBERT E. MARTINE	SZ.	
	****	Name of Person	
	GEM GENERAL CONT	FRACTOR, LLC	(2 P
	921.		
	525 WAKEMONT DRIV	VE	
	***	Address	Service Contraction
	ORANGE PARK, FL 32	065	PM 3: 07 OF STATE SEE. FL
		City/State and Zip Code	: 07
	GEMHANDYMANSVS@	(a) YAHOO.COM  The transfer of the state of	es, r
For further informa	tion concerning this matter, please	·	
LYNN JACKSON		904 571-0601	
Name of Person		at ()	
,	and or remain	ла соне гозуние тегерио	не глинивет
Enclosed is a check	for the following amount:		
□ \$25.00 Filing F	\$30,00 Filing Fee & Certificate of Status	Certified Copy	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Division P.O. Box	ion Section of Corporations	Street Address: Registration Section Division of Corporation The Centre of Tallahass 2415 N. Monroe Street, Tallahassee, FL 32303	see

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GEM HANDYMAN SERVICES, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{06/01/2021}{}$ and assigned Florida document number 1.21000254814 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: GEM GENERAL CONTRACTOR, LLC. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C" 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: GILBERT E. MARTINEZ Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

Jaulant Marty

If Changing Registered Agent Signature of New Registered Agent

\_ Florida \_\_\_

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>	<u>Address</u>	Type of Action
			□Add
			□ Bemove
			□Change
<del></del>			□Add
			SECRETARY OF TALLARY SS
			SECRETARY OF STATE  Remove  Remove  Remove
		50/01/21	□ Remove
		91/101	□Change
			□Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
·		<del></del>	[]Add
			□Remove
			□Change
			□ Add
			□Remove
			□ Change

_										_
_										
					·					
_										_
							·	- 11		_
_	· · · · · · · · · · · · · · · · · · ·									
_									<u>-</u> ,	_
_				<del></del>			<del></del>			=
_										_
				<del></del>						-
	-								^	
_								<u> </u>	209	-
								, L A	<u> </u>	n
								ARY HAS	9 1	
_		·						SEE,		7
				<del></del>				FIST	<u> </u>	<b>)</b>
_		<u>.                                    </u>			<del></del>			17	07	_
										-
fectiv	re date, if other than the date	of filing:					(opt	ional)		
n effec <u>ste:</u> [f	tive date is listed, the date must be sp I the date inserted in this block d	ecific and a ses not me	<i>annot</i> be p	<i>rior to date</i> nticable si	of filing or atutory fil	<i>more than 90</i> ing requirer	days afte	r filing.) Pu s date wil	<i>irsuant to 60</i> Loot be lis	5.0207 ted as
cumei	nt's effective date on the Departr	ient of Sta	ate's reco	rds.					THAT WE THE	
ecord is filed	specifies a delayed effective date d.	but not a	in effectiv	e time, at	12:01 a.m	, on the ear	lier of: (I	o) The 9	0th day afte	er the
ted _	07-01		20	21.						
	Milbert or Signa									
	Bulsert pr	raita	<b>.</b>				·			
	Cimya	11 Pro 11 t 12 12 12 12 12 12 12 12 12 12 12 12 12	Tribur are	III the contract of	*** ** ** * * * * * * * * * * * * * *					
	Signa	ure of a m	ember or a	uthorized r	epresentativ	'e of a memb	er			