## 121000360993

(Requestor's Name)
(Address)
<del></del>
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entry Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only

A. RIVERS NOV 1 0 2021



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FLORIDA DEPARTMENT OF STATE 23 (V 8:09 Division of Corporations

Letter Number: 021A00023880

October 21, 2021

ROBERT BOWLES 2975 HERITAGE TRAIL JACKSONVILLE, FL 32257

SUBJECT: ACE HANDYMAN SERVICES JAX BEACH LLC

Ref. Number: L21000360993

We have received your document for ACE HANDYMAN SERVICES JAX BEACH LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILTY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

FO: Amendment Se Division of Cor			221828 50 La 11:31
NAME OF CORPO	ORATION: Ace Handyman Ser	rvices Jax Beach LLC	the contract of
	4BER: L21000360993		
	es of Amendment and fee are su	bmitted for filing.	
Please return all corr	respondence concerning this ma	tter to the following:	
	Robert Bowles		
		Name of Contact Person	1
	Ace Handyman Services Jax	Beach	
		Firm/ Company	
	9650 Philips hwy, STE 27		
		Address	
	Jacksonville/Florida 32216		
		City/ State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	bbowl@acehandymanservice	s com	
	·	sed for future annual report	notification)
	·	·	
For further informat	ion concerning this matter, pleas	se call:	
Robert Bowles		at ( <sup>727</sup>	667-5261
Nam	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
М	ailing Address	<u>Street</u>	Address
A	mendment Section	Amend	ment Section
	ivision of Corporations		n of Corporations
	O. Box 6327		entre of Tallahassee
Ta	illahassee, FL 32314	2415 N	N. Monroe Street, Suite 810

Tallahassee, FL 32303

## COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: 11CG	Name of Lim	TRYICES JAY BE	ARH LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for tiling.	
Please return all correspo	ndence concerning this matter	to the following:	
	14080	Name of Person	
	ACO HAND	PYMAN SEX VICES Firm/Company	JAX BOACH
	6950 PHILIP	S HWY. SUITE Address	27
	JACKSONVII	City/State and Zip Code	16
	BBOWL & A E-mail address: (	ACE HANDYMANS SEV to be used for future annual report notifi	Cation)
For further information c	oncerning this matter, please c	ail:	
ROBERT	BOWLES	at ( <del>727</del> ) <u>667 - s</u> Area Code Daytime	5261
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
✗ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy additional copy is enclosed:
<u>Mailing Addres</u> Registration S		Street Address: Registration Sec	tion
Division of C P.O. Box 632	orporations	Division of Corp The Centre of Ta	orations
Tallahassee, I			Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ACE HANDYMAN FERVICES JAX BEACH LLC

( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)		
The Articles of Organization for this Limited Liability Company vibration document number <u>L 21000360 943</u> .	were filed on <u>Aug 16, 2021</u>	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
B & S B SERVICES FAX BE. The new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the n	ACH_LLC ty Company," the designation "LLC" or the al	obreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
			_
Enter new mailing address, if applicable:			<del></del> -
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office a	ddress on our records, <u>enter the nan</u>	ne of the new regis	tered
agent and/or the new registered office address here:		1821	
Name of New Registered Agent:		5 .	
New Registered Office Address:		45	
	Enter Florida street address		_
	. Florida, Florida	Zip Codig	_

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
<del></del>			□Add
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Note:	ve date, if other than the date of filing:
e recor rd is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of (b). The 90th day after the ed.
Dated	OCT 26, 2621  Signature of a member of ability zed representative of a member
	Signature of a inciniber of attitionized depresentative of a incinber
	ROBERT T. BOWLES Typed or printed name of signee

Filing Fee: \$25.00