

L21000361525

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

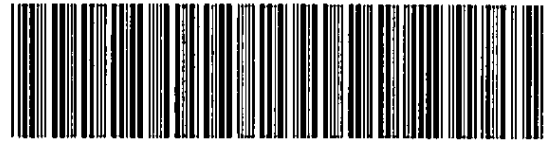
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NOV 12 2021



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NOV 12 2021 14:59



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 1, 2021

ROBERT BOWLES
9650 PHILIPS HWY STE 27
JACKSONVILLE, FL 32216

SUBJECT: ACE HANDYMAN SERVICES JAX NORTH LLC
Ref. Number: L21000361525

We have received your document for ACE HANDYMAN SERVICES JAX NORTH 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.

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

Alecia Rivers
Regulatory Specialist II

Letter Number: 221A00023759

2021 OCT 12 PM 2:25



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 21, 2021

ROBERT BOWLES
2975 HERITAGE TRAIL
JACKSONVILLE, FL 32257

SUBJECT: ACE HANDYMAN SERVICES JAX NORTH LLC
Ref. Number: L21000361525

We have received your document for ACE HANDYMAN SERVICES JAX NORTH 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 LIABILITY 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

Letter Number: 221A00023759

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ace Handyman Services Jay North LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert Bowles
Name of Person
Ace Handyman Services Jay North
Firm Company
6950 Philips Hwy., Suite 27
Address
Jacksonville FL 32216
City, State and Zip Code
bbowla@acehandymanservices.com
E-mail address (to be used for future annual report notifications)

For further information concerning this matter, please call:

Robert Bowles
Name of Person
727 667-8264
Area Code Phone Number

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$25.00 Filing Fee	<input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Ace Handyman Services Jay North C

(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 _____ and assigned
Florida document number 12100036152

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

B & SB Services Jay North L - C

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

6950 Philips Hwy

Suite 27

Jacksonville, FL 32216

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6950 Philips Hwy

Suite 27

Jacksonville, FL 32216

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:

Name of New Registered Agent

New Registered Office Address

Enter complete street address

City

Florida

Zip 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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

[illegible]

If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. (Pursuant to 605.0207, 3)(b)

If the record 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 record is filed.

2021

Robert J. Howles

Typed or printed name of signer _____

Filing Fee: \$25.00