## 127000 163401

(Re	equestor's Name)	
(Ac	idress)	
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PICK-UP	☐ WAIT	MAIL MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	_
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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DIVISION OF CORPORATION 22 JUL 25 PH 3: 16

T. MATTHEWS JUL 28 2022



RECEIVED

2022 JUL 25 PM 12: 55

July 5, 2022

JOSEAN BURGOS 2362 ALBION AVE ORLANDO, FL 32833

SUBJECT: JC & JB HANDYMAN LLC

Ref. Number: L22000163401

We have received your document for JC & JB HANDYMAN LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Tekayla T Matthews OPS

Letter Number: 822A00015007

## **COVER LETTER**

TO:

Registration Section

Division of Cor	porations		
SUBJECT: J@	HJB Handyr	nan LC	
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Josean	Bu (505 Name of Person	
	JeJB	Handyman (	che
		bion Ave	
	****	Address	
	Orlando.	41 32 8 33 City/State and Zip Code	<u> </u>
	<u> </u>	a O Yakoo. Cocm to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
Jasoan	Burcol	407.680	9272
Name o	f Person	at (407) 680 Area Code Daytim	e Telephone Number
Enclosed is a check for th	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 Registration S		Street Address: Registration Se	ction
Division of C		Division of Cor	
P.O. Box 632	7	The Centre of T	Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

**OF** 

SECRETARY OF STATE DIVISION OF CORPORATIONS

	(A Florida Limited Liability Company)
The Articles of Organization for this Limited L	for this Limited Liability Company were filed on 4-22 and assigned 22 000 \( \beta \) 340 \( \).  to amend the following:  the new name of the limited liability company here:  the new name of the limited Liability Company," the designation "LLC" or the abbreviation "LLC."  address, if applicable:  ST BE A STREET ADDRESS)  if applicable:  POST OFFICE BOX)  ed agent and/or registered office address on our records, enter the name of the new registered ered office address here:  tered Agent:  \[ \text{Olga Bu 30} \]
This amendment is submitted to amend the foll	owing:
A. If amending name, enter the new name o	f the limited liability company here:
The new name must be distinguishable and contain the v	vords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:
(Principal office address MUST BE A STREE	T ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>
B. If amending the registered agent and/or ragent and/or the new registered office addre	
Name of New Registered Agent:	Olga Burgos
New Registered Office Address:	2362 Albien Ave
	City . Florida Street adaress . Florida . Florida . Zap 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>	Name	Address	Type of Action
MGR	Josean Burges	2362 Albin Ave Orlando 4132833	⊠⊼dd
		•	□Remove
		22/2 1/h = 2 1/2	□Change
MGR	Olga Bursos	2362 Albion Ava Orlando 71 32837	EAdd
			□Remove
			Change
			🗆 Add
			□Remove
		·	□Change
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ffectiv	e date, if other than the date of filing: (optional) tive 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 605.6	
an effec	tive 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 605.0 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed.	020° d as
ocume	nt's effective date on the Department of State's records.	
is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after d.	the
ated _	7-22-22- WS2 /3-	
	10/2c 3	
	Signature of a member or authorized representative of a member	
	signature of a thember of authorized representative of a member	