K22000238151

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TO:

Tallahassee, FL 32314

TO: Registration So Division of Cor			. •			
	andyman 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	ondence concerning this matter	to the following:				
	Eliana K Romero					
		Name of Person				
	JA 0221 Handyman Servic	es, LLC				
		Firm/Company				
	651 Yak Cı Unit B					
		Address				
	Kissimmee, FL 34759	Kissimmee, FL 34759				
		City/State and Zip Code				
	ja0221handymanservices@	—				
	E-mail address: (to be used for future annual report n	otification)			
For further information of	concerning this matter, please c	all:				
Eliana K Romero		407 675-8326				
Name (of Person	at () Area Code Dayt	îme Telephone Number			
Enclosed is a check for t	he 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 Addre		Street Address:	Pantia n			
Registration Division of C		Registration S Division of C				
P.O. Box 632	•	The Centre of	-			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JA 0221 Handyman /Services LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) and assigned Florida document number L22000238151 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 651 Yak Ct Enter new principal offices address, if applicable: Unit B (Principal office address MUST BE A STREET ADDRESS) Kissimmee, FL 34759 651 Yak Ct Enter new mailing address, if applicable: Unit B (Mailing address MAY BE A POST OFFICE BOX) Kissimmee, FL 34759 B. If amending the registered agent and/or registered office address on our records, enter the name of the agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida _

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.

Cin

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>	Address	Type of Action
AMBR	Jose A Amador	651 Yak CT	
		Unit B	■Remove
		Kissimmee, FL 34759	□ Change
			□Add
			□Remove
			□ Change
			□Add
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(If an effective date is listed, Note: If the date inserte	r than the date of filing: _ the date must be specific and cal ed in this block does not mee te on the Department of State	t the applicable statutory I	(optional) or more than 90 days after filing.) P iling requirements, this date wi	ursuant to 605.0207 (3)(Il not be listed as the
the record specifies a delay cord is filed.	yed effective date, but not an	effective time, at 12:01 a	m, on the earlier of: (b) The S	90th day after the
Dated August 15		2022		
Q1 ·		nber or authorized represents		

Typed or printed name of signee