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(Business Entity Name)
(Document Number)
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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 21, 2022

JOHSUA THORNTON

1891 SIMONTON AVE. ORLANDO, FL 32806

SUBJECT: J.T.'S PROPERTY MANAGEMENT AND HANDYMAN SERVICES

L.L.C.

Ref. Number: L22000252796

We have received your document for J.T.'S PROPERTY MANAGEMENT AND HANDYMAN SERVICES L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please sign the last page of the document and submit back to me for processing.

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) 245-6052.

Nadira D McClees-Sams EXECUTIVE ASSISTANT

Letter Number: 322A00025940

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COVER LETTER

Registration Section
Division of Corporations

1:

BJECT:	JT's Property	Management & Handyman	Services	
		Name of Lin	nited Liability Company	
: enclosed	Articles of A	amendment and fee(s) are sul	omitted for filing.	
ase return	all correspon	dence concerning this matter	to the following:	
		Joshua Thornton		
			Name of Person	
		JT's Property Managemen	t & Handyman Services	
			Firm/Соптрапу	
		1891 Simonton Aeve.		
			Address	
		Orlando, Fl 32806		
			City/State and Zip Code	· 574-
		jtspropertyservices1891@g		
		E-mail address: (to be used for future annual report noti	fication)
further in	formation cor	ncerning this matter, please c	all:	
ı Thomtor	ו		407 9527116 at ()	
Name of Person				e Telephone Number
osed is a	check for the	following amount:		
\$25.00 Fi	ling 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 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

JTs Property Management & Handyman Services		٠	Φ
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.) d Liability Company)	49	AH 8:
ne Articles of Organization for this Limited Liability Compan	y were filed on	and	assigned
orida document number 1.22000252796			G
nis amendment is submitted to amend the following:			
If amending name, enter the new name of the limited lia	bility company here:		
normtons Handyman Services LLC			
e new name must be distinguishable and contain the words "Limited Lial	oility Company," the designation "LLC" or th	e abbreviation	"L.L.C."
nter new principal offices address, if applicable:			
rincipal office address MUST BE A STREET ADDRESS)		·	· · ·
		-	
iter new mailing address, if applicable:			
lailing address MAY BE A POST OFFICE BOX)		<u>,,,, , , , , , , , , , , , , , , , , ,</u>	<u>.</u>
			
If amending the registered agent and/or registered office ent and/or the new registered office address here:	address on our records, enter the na	ame of the r	iew regi:
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address:	Enter Florida street address	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida street address , Florida City	Zip Coo	le

cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

mpany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

GR = Manager

ABR = Authorized Member

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ive date, if other than th	e date of filing	g:			(option	nal)	
fective date is listed, the date made in this							
nent's effective date on the	Department of S	tate's records	-				
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rd specifies a delayed effect iled.	ive date, but not	an effective t	ime, at 12:0	l a.m. on the	earlier of: (b)	The 90th d	ay after th
August 23	,	2022					
La de	1-+11.0	MLLINS					
- Sport	Signature of a r	nember or auth	orized repres	entative of a me	mber		