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## **COVER LETTER**

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M SUBJECT:	Ir.V Handyn	nan Services LLC			
SUBJECT		Name of Lim	ited Liability Company		<del></del>
The enclosed A	articles of Ar	mendment and fee(s) are sub	mitted for filing.		
Please return al	l correspond	ence concerning this matter	to the following:		
		Jacob Velasco			
			Name of Person		<del></del>
		Mr. V Handyman Services	LLC		
			Firm/Company		
		3124 S. Semoran Blvd apt.	208		
			Address		
		Orlando, Fl 32822			
			City/State and Zip Code		<del></del> -
		Mr.vhandmanservices49@g	mail.com to be used for future annual	report notification)	
For further info	ormation con	cerning this matter, please ca		,	
Jacob Velasco		,	321 469	50907	
	Name of P	erson	at () Area Code	Daytime Telepho	one Number
Enclosed is a ch	heck for the	following amount:			
■ \$25.00 Fili	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee of Certified Copy (additional copy is enc		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailir	ng Address:		Street A	ddress:	

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

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

Mr.V Handyman Services LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	any were filed on 12/19/2023	and assigned
Florida document number 88-2827356		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
J & L Workforce LLC		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		<b>202</b> 0
Enter new mailing address, if applicable:		E S
		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		Soft Control
	<del></del>	
B. If amending the registered agent and/or registered offingent and/or the new registered office address here:	ice address on our records, <u>enter th</u>	<b>-</b>
igent and/or the new registered office address here.		<u> </u>
N. CNaus Davissand Assess		
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
	City	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>	Name	Address	Type of Action
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			□ Remove
			□Change
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record specifies a delayed The 90th day after the reco		t an effective time,	at 12:01 a.m. on the e	arlier o
December 19th	2023			
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Soco 111	ignature of a member or author	orized representative of a n	nember	-

Page 3 of 3

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