

(Re	equestor's Name)		
(Address)			
(Address)			
(Cit	ty/State/Zip/Phone	#)	
PICK-UP	WAIT	MAIL	
(Bu	siness Entity Nam	e)	
(Do	ocument Number)		
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:		
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FILED

COVER LETTER

TO: . Registration Section Division of Corporations Jimbo Handyman and cleaning service SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Jimmy Barbosa Name of Person Firm/Company 20390 SW 118PL Address Miami FL 33177 City/State and Zip Code jimbocleaningservice@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: jimmy barbosa Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, **■** \$25.00 Filing Fee

Mailing Address:

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

Certificate of Status

Street Address:

Certified Copy (additional copy is enclosed)

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

Certificate of Status &

Certified Copy (additional copy is enclosed)

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

n and cleaning service LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

Jimbo handyman and cleaning service LLC

company has been notified in writing of this change.

(A Fiorida Cili	inted Elability Company)	·利益相關。這個各位於
The Articles of Organization for this Limited Liability Com	pany were filed on $\frac{03/2}{}$	21/2023 and assigned
Florida document number L23000143120		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company her	<u>re</u> :
Jim Restoration LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the des	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	SS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	4-1	
B. If amending the registered agent and/or registered of	fice address on our red	cords, enter the name of the new register
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		, Florida Zip Code
	•	Zip Code
New Registered Agent's Signature, if changing Registered A	gent:	
I hereby accept the appointment as registered agent and		
provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agen		
being filed to merely reflect a change in the registered of		

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
			□Add
			□Remove
			□ Add
			□Remove
			□Change
·-·			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐Change
		-	□ Add
			□Remove
			□Change

. If amending any of	ther information, enter change(s) here: (Attach additional sheets, if necessary.)
 	
-	
	
	
Note: If the date inse	her than the date of filing:
the record specifies a decord is filed.	elayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	March 21 2024
	Signature of a member or authorized representative of a member
	Jimmy Barbosa Typed or printed name of signee

Filing Fee: \$25.00