

26/8/24, 4:18 p.m

H240002858463

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L23000375833

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Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : LATIN AMERICAN TAXPRO
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
J.G.M. HANDYMAN MULTISERVICES LLC

Certificate of Status	1
Certified Copy	0
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2024 AUG 26 PM 4:50
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2024 AUG 26 PM 1:45
APPROVED
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: J.G.M. HANDYMAN MULTISERVICES LLC

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:

LOPEZ CONTRERAS, ELEAZAR

Name of Person

J.G.M. HANDYMAN MULTISERVICES LLC

Firm/Company

18110 NW 59TH AVE105

Address

III ALEAH, FL 33015

City/State and Zip Code

JGMMULTISERVICES.LLC@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LOPEZ CONTRERAS, ELEAZAR

305 3991227

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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

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H240002858463 **ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

J.G.M. HANDYMAN MULTISERVICES LLC

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

The Articles of Organization for this Limited Liability Company were filed on 08/10/2023 and assigned Florida document number L23000375833.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

J.G.M. MULTISERVICES GROUP LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: N/A

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: N/A

New Registered Office Address: N/A
Enter Florida street address

N/A, Florida
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

2024 AUG 26 PM 1:45
FILED
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

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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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	N/A	<input type="checkbox"/> Add
_____	_____	N/A	<input type="checkbox"/> Remove
_____	_____	N/A	<input type="checkbox"/> Change
_____	_____	N/A	<input type="checkbox"/> Add
_____	_____	N/A	<input type="checkbox"/> Remove
_____	_____	N/A	<input type="checkbox"/> Change
_____	_____	N/A	<input type="checkbox"/> Add
_____	_____	N/A	<input type="checkbox"/> Remove
_____	_____	N/A	<input type="checkbox"/> Change
_____	_____	N/A	<input type="checkbox"/> Add
_____	_____	N/A	<input type="checkbox"/> Remove
_____	_____	N/A	<input type="checkbox"/> Change
_____	_____	N/A	<input type="checkbox"/> Add
_____	_____	N/A	<input type="checkbox"/> Remove
_____	_____	N/A	<input type="checkbox"/> Change
_____	_____	N/A	<input type="checkbox"/> Add
_____	_____	N/A	<input type="checkbox"/> Remove
_____	_____	N/A	<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

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N/A

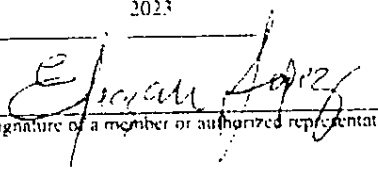
N/A

N/A

E. Effective date, if other than the date of filing: N/A (optional)
 (If an effective 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 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated AUGUST 22 2023



Signature of a member or authorized representative of a member

LOPEZ CONTRERAS, ELEAZAR

Typed or printed name of signer

Filing Fee: \$25.00

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