P0900039828

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: AJ HANDYHANI	OS SERVICES, INC.	·				
DOCUMENT NUM	BER: P09000039828						
	s of Amendment and fee are su	bmitted for filing.					
Please return all corre	espondence concerning this ma	tter to the following:					
	ANTHONY NELSON JONES						
	Name of Contact Person						
	AJ HANDYHANDS SERVICES, INC.						
	Firm/ Company						
•	106 PLACID WOODS COURT						
		Address					
	SANFORD FL 32773						
		City/ State and Zip Code					
•	AJHANDYHANDS1@GMAIL.COM						
E-mail address: (to be used for future annual report notification)							
			*** * * * * * * * * * * * * * * * * *				
For further information	on concerning this matter, pleas	se call:	·				
W BRUCE WOODA	ARD ·	at (407	921-5841				
Name	of Contact Person	Area Coo	921-5841 de & Daytime Telephone Number				
Enclosed is a check for	or the following amount made	payable to the Florida Depa	rtment of State:				
□ \$35 Filing Fee		☐\$43.75 Filing Fee &	\$52.50 Filing Fee Certificate of Status				
	iling Address endment Section		Address ment Section				

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

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

Articles of Amendment to Articles of Incorporation

	f Corporation as currently	y filed with the Florida Dept. of State)
P09000039828		
	(Document Number of	Corporation (if known)
cursuant to the provisions of section 607. Its Articles of Incorporation:	1006, Florida Statutes, this I	Florida Profit Corporation adopts the following amendment(s
. If amending name, enter the new na	me of the corporation:	
AJS APPLIANCE REPAIR & HANDYI	HANDS SERVICES, INC.	The new
ame must be distinguishable and contain 'Inc.," or Co.," or the designation "C 'chartered," "professional association,"	"orp," "Inc." or "Co". A	ompany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
. Enter new principal office address, i	if annlicable.	NA
Principal office address <u>MUST BE A ST</u>		
Enter new mailing address, if applications (Mailing address MAY BE A POST C	cable:	NA
(Manny and ess MAT DE ATOST C	ZEFICE DON	
. If amending the registered agent an	d/or registered office addr	ess in Florida, enter the name of the
new registered agent and/or the new	registered office address:	
	NA	
Name of New Registered Agent		
Name of New Registered Agent		
Name of New Registered Agent	(Florida stre	et address)
	(Florida stre	,
	NA	et address), Florida(City) (Zip Code)
	NA	, Florida

Signature of New Registered Agent, if changing

Check if applicable

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change			NA
Add			
Remove			
2) Change			
Add		•	
Remove 3) Change	-		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	,		
Add			
Remove			
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Add			
Remove			

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	01/01/2023	
The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
01/0	1/23	
Effective date <u>if applicable</u> :		
	(no more than 90 days	after amendment file date)
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable a partment of State's records.	statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adoption was not required.	oted by the incorporators, or board	of directors without shareholder action and shareholder
[] The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The num Ticient for approval.	ber of votes cast for the amendment(s)
☐ The amendment(s) was/were appromust be separately provided for e	roved by the shareholders through veach voting group entitled to vote s	voting groups. The following statement eparately on the amendment(s):
"The number of votes cast f	for the amendment(s) was/were suff	ficient for approval
by		11
	(voting group)	
Dated	122/23	
Signature	aty grus	
selected	rector, president or other officer – it, by an incorporator – if in the hand at fiduciary by that fiduciary)	f directors or officers have not been is of a receiver, trustee, or other court
	ANTHONY NELSON JONES	
	(Typed or printed name	of person signing)
. 1	PRESIDENT	
-	(Title of person signing)	