P10000190519

(Requ	uestor's Name)	
(Address)		
(Addı	·ess)	
(City/	State/Zip/Phone	#)
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& Jones Charge

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AUG O 6 2015 A RAMSEY

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	AJ's Handyman Se	ervices, INC	
DOCUMENT NUMI	P10000090519 BER:		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Alton J. Hoover		
		Name of Contact Persor	1
	AJ's Handyman Services, IN	C	
	2600 Palm Lake Drive	Firm/ Company	
	Merritt Island, FL, 32952	Address	
		City/ State and Zip Code	
AJho	over@mac.com	•	
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
Alton Hoover		321 at (298-4122
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	rtment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address endment Section ision of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

	PM 3k 30
(Name of Corporation a	s currently filed with the Florida TlähtRAF Stafe)
AJ's Handyman Services, INC	MAN TYPE STATE
(Document	Number of Corporation (if known) TALLE MASSES
Pursuant to the provisions of section 607.1006, Florida States articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corpo	ration:
Beau Monde Builders, Inc.	The new
	corporation," "company," or "incorporated" or the abbreviation Inc," or "Co". A professional corporation name must contain the reviation "P.A."
	N/A
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDREST ADDRE	SS)
C. Enter new mailing address, if applicable:	N/A
(Mailing address MAY BE A POST OFFICE BOX)	N/A
 If amending the registered agent and/or registered of new registered agent and/or the new registered office 	
N/A	se address.
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Register	and Agents
hereby accept the appointment as registered agent. I am	
Signatur	e of New Registered Agent, if changing

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	<u>PT</u>	John Do	<u>.</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	nith .	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_	N/A	
Add				
Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add	***			
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

C. If amending or adding additional Arti (Attach additional sheets, if necessary).	cles, enter change(s) here:
(Attacii additional sneets, ij necessary). I/A	(De specific)
. If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A) N/A	
V/A	
	· · · · · · · · · · · · · · · · · · ·
	

The date of each amendmen		, if other than th
ate this document was signe	od., 8/4/15	
ffective date <u>if applicable</u> :		
- 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this d the Department of State's records.	ate will not be listed as the
doption of Amendment(s)	(<u>CHECK ONE</u>)	
	ere adopted by the shareholders. The number of votes cast for the amendments were sufficient for approval.	(s)
	ere approved by the shareholders through voting groups. The following statem ded for each voting group entitled to vote separately on the amendment(s):	ent
	es cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	ere adopted by the board of directors without shareholder action and sharehold ere adopted by the incorporators without shareholder action and shareholder	ler
action was not required.	1	
Dated	8-4-15	
Signature	8-4-15 Octo 9. Home	
(By a director, president or other officer - if directors or officers have not been	
	selected, by an incorporator - if in the hands of a receiver, trustee, or other cou	irt
;	appointed fiduciary by that fiduciary)	
	Alton J. Hoover	
	(Typed or printed name of person signing)	
	President (Title of person signing)	
	(Title of person signing)	