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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: J&R HANDYMAN	SERVICES ENTERPRIS	E INC
DOCUMENT NUMB	ER:		
The enclosed Articles of	f Amendment and fee are sul	bmitted for filing.	
Please return all corresp	ondence concerning this mat	tter to the following:	
J	OSE MANUEL HERNAND	EZ CASTELLANO	
_		Name of Contact Person	· · · · · · · · · · · · · · · · · · ·
j	&R HANDYMANSERVICE	ES ENTERPRISE INC	
_		Firm/ Company	
1	59 CYRUS ST	Time Company	
<del>-</del>		Address	<del></del> _
1	MARCO ISLAND, FL 34145		
_		City/ State and Zip Code	
j	oscyoan13@yahoo.com		
-	E-mail address: (to be us	ed for future annual report	notification)
	concerning this matter, pleas	561	574-3712
Name of Contact Person		at (	_)le & Daytime Telephone Number
	the following amount made p		, .
□ \$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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address 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 of

J&R HANDYMAN SERVICES ENTERPRISE INC	
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P19000093046	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	JOSE MANUEL HERNANDEZ CASTELLANO
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	159 CYRUS ST
	MARCO ISLAND, FL 34145
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	159 CYRUS ST
	MARCO ISLAND, FL 34145
	بن رن <u>څ</u>
D. If amending the registered agent and/or registered office adenew registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida s.	treet address)
New Registered Office Address:	. Florida
New Registered Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familiar	it: with and accept the obligations of the position
Thereby decept the appointment as registered agent. Tampaninar	with and accept the vongations of the position.
Signature of New	Registered Agent, if changing
Check if applicable	
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11	) (c), 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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	P	JOSE MANUEL HERNANDEZ	159 CYRUS ST
X Add	7 .	castelland	MARCO ISLAND, FL 34145
Remove			
2) Change	VP	ROBERTO SUAREZ	7610 TARA CIRCLE APT 107
Add			NAPLES, FL 34104
X Remove			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)		or adding additiona ional sheets, if necesso	ary). (Be specific)			
provisions for implementing the amendment if not contained in the amendment itself:					<u> </u>	
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(if not applicable, indicate N/A)	f an amendi	ment provides for an	<u>i exchange, reclassif</u> e amendment if not (	ication, or cancella contained in the an	<u>ition of issued share</u> nendment itself:	<u>.s.</u>
	DIOVISIONS I	pplicable, indicate N	(A)			
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	02/21/2020		
The date of each amendment(s) act this document was signed.	loption:		, if other than the
ū			
Effective date <u>if applicable</u> :	(no more than	90 days after amendment file date)	<del></del>
Note: If the date inserted in this b' locument's effective date on the De	lock does not meet the appl	licable statutory filing requirements, th	is date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
■ The amendment(s) was/were ado action was not required.	pted by the incorporators, o	r board of directors without shareholder	action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su		he number of votes cast for the amendr	nent(s)
		nrough voting groups. The following sto o vote separately on the amendment(s):	
"The number of votes cast	for the amendment(s) was/w	vere sufficient for approval	
by		."	
, <del></del>	(voting group)		
	rector, president or other of	ficer – if directors or officers have not b	
	i, by an incorporator – if in t ed fiduciary by that fiduciar	the hands of a receiver, trustee, or other y)	court
	JOSE MANUEL HERNAN	DEZ CASTELLANO	
	(Typed or printed	d name of person signing)	
	PRESIDENT		

(Title of person signing)