



**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: 319 E VOORHIS AVE 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:

**GIOVANNI VARSI**  
Name of Person  
**319 E VOORHIS AVE LLC**  
Firm/Company  
**954 DUTCHMANS BEND ROAD**  
Address  
**DEBARY FL 32713**  
City/State and Zip Code  
**gio@accroofing.net**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**GIOVANNI VARSI** at ( **407** ) **402-0404**  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

319 E VOORHIS AVE 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 09/28/2015 and assigned Florida document number L15000164718

This amendment is submitted to amend the following:

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

634 S SPRING GARDEN AVE 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:

634 S SPRING GARDEN AVE

**(Principal office address MUST BE A STREET ADDRESS)**

DELAND FL 32724

Enter new mailing address, if applicable:

114 1st Street

**(Mailing address MAY BE A POST OFFICE BOX)**

DEBARY FL 32713

**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:

\* Antonietta Wetzstein

New Registered Office Address:

\* 634 S Spring Garden Ave

Enter Florida street address

DeLand

City

Florida

32724

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.*

Antonietta Wetzstein

If Changing Registered Agent, Signature of New Registered Agent

RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 OCT 26 AM 9:55  
FILED

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>           |
|--------------|-------------|----------------|---------------------------------|
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
| _____        | _____       | _____          | <input type="checkbox"/> Remove |
| _____        | _____       | _____          | <input type="checkbox"/> Change |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
| _____        | _____       | _____          | <input type="checkbox"/> Remove |
| _____        | _____       | _____          | <input type="checkbox"/> Change |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
| _____        | _____       | _____          | <input type="checkbox"/> Remove |
| _____        | _____       | _____          | <input type="checkbox"/> Change |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
| _____        | _____       | _____          | <input type="checkbox"/> Remove |
| _____        | _____       | _____          | <input type="checkbox"/> Change |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
| _____        | _____       | _____          | <input type="checkbox"/> Remove |
| _____        | _____       | _____          | <input type="checkbox"/> Change |

15 OCT 26 AM 9:55  
 DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA

**FILED**

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

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: 10/14/2015 (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 603.027(3)(b)  
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed on 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 OCTOBER 14, 2015

(\*) Antonietta Wetzstein  
Signature of a member or authorized representative of a member

Antonietta Wetzstein  
Typed or printed name of signer

FILED  
15 OCT 26 AM 9:55  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L15000164718  
FILED 8:00 AM  
September 28, 2015  
Sec. Of State  
wapainter

**Article I**

The name of the Limited Liability Company is:

319 E VOORHIS AVE LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:

319 E VOORHIS AVE  
DE LAND, FL. 32724

The mailing address of the Limited Liability Company is:

319 E VOORHIS AVE  
DE LAND, FL. 32724

**Article III**

The name and Florida street address of the registered agent is:

GIOVANNI VARSI  
954 DUTCHMANS BEND ROAD  
DEBARY, FL. 32713

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: GIOVANNI VARSI

**Article IV**

The name and address of person(s) authorized to manage LLC:

Title: MGR  
GIOVANNI VARSI  
954 DUTCHMANS BEND ROAD  
DEBARY, FL. 32713

Title: MGR  
ANTONIETTA WETZSTEIN  
114 W 1ST STREET  
DEBARY, FL. 32713

L15000164718  
FILED 8:00 AM  
September 28, 2015  
Sec. Of State  
wapainter

**Article V**

The effective date for this Limited Liability Company shall be:

09/28/2015

Signature of member or an authorized representative

Electronic Signature: GIOVANNI VARSI

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.