10/24/2016

From Account Bookkeeping 1.321.888.4914 Mon Oct 24 15:39:44 2016 MDT Page 1 of 5 Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ACCOUNT BOOKKEEPING CORP

Account Number : I20120000055

: (407)898-1757

Phone Fax Number

: (407)897-5336

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email 1	Address:	
EMIGIT	Address;	

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALL TIME SERVICES SOLUTIONS LLC

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COVER LETTER

TO:	Registration Se Division of Cor				
eun v	nom.	ALL TIME SER	VICES SOLUTIONS L	LC	
2081	ECT:	Name of Lim	ited Liability Company		
The en	oclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
			MARIANA SOUZA		
		***************************************	Name of Person		
		ACC	OUNT BOOKKEEPIN	IG CORP	
		Firm/Company 3300 S HIAWASSEE RD STE 106			
			Address	·	
			ORLANDO, FL 3283	5	
			City/State and Zip Code		
			STOMER@ABKCORP		
			to be used for future annu-	n usbour nome	cation)
For fu	rther information c	oncerning this matter, please c	all:		
	MARIANA	A SOUZA	407	898-1757	
	Name o	f Person	at () Area Code	Daytime	Telephone Number
Enclos	sed is a check for ti	ne following amount:			
\$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee Certified Copy (additional copy is e		☐ \$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

TO:

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

any as h now appears of Liability Company) were filed on	09/13/2016	
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City		Zip Code
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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

Title	<u>Name</u>	Address	Type of Action
AMBR	Christian Argoud Malavazzi	10003 SHORTWOOD LANE	
		ORLANDO, FL 32836	■ Remove
			☐ Change
AMBR	VALDA FERNANDES SIMOES	5074 ERNST CT	≅ Add
		ORLANDO, FL 32819	□ Remove
		· • • • • • • • • • • • • • • • • • • •	☐ Change
AMBR	MARCLEIBE G MADUREIRA	3074 ERNST CT	₩ Add
		ORLANDO, FL 32819	□ Remove
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			☐ Change
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amending any other information, enter change(s) here: (Attach additional sheets, if necess.	
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(options of the content of the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filling; te: If the date inserted in this black does not meet the applicable statutory filing requirements, this date cument's effective date on the Department of State's records.	al) ng.) Pursuam to 605 0207 (3)(b) tte will not be listed as the
record specifies a delayed effective date, but not an effective time, at 12:01 a.m The 90th day after the record is filed.	
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Signature of a member or authorized respectentative at a member	

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