

C18000112028

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

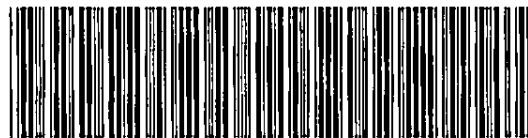
(Business Entity Name)

(Document Number)

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CLERK OF SUPERIOR COURT  
TALLAHASSEE, FLORIDA

2018 MAY 18 PM 3:21

FILED

MAY 21 2018  
J. HARRIS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AA Orlando Framing & Drywall 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:

Gregorio A. Arana Serpas.  
Name of Person

AA Orlando Framing & Drywall LLC.  
Firm/Company

5757 Kingsgate Dr. Apt A.  
Address

Orlando FL. 32839.  
City/State and Zip Code

ALX - 503 @HOTMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gregorio  
Alexander Arana Serpas at (407) 580-3029.  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                                        |                                                                        |                                                                                                  |                                                                                                                            |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

AA Orlando Training & Drywall 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 5/3/2018 and assigned Florida document number 18000112028.

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

Gregorio A. Arana Serpas

New Registered Office Address:

5757 Kingsgate Dr. Apt A.

Enter Florida street address

Orlando

City

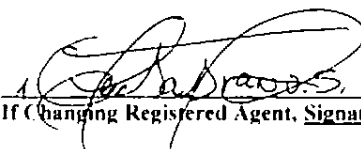
Florida

32839-

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.

  
If Changing Registered Agent, Signature of New Registered Agent

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 | Name                         | Address                                     | Type of Action                                                             |
|-------|------------------------------|---------------------------------------------|----------------------------------------------------------------------------|
| P     | Alexander G. Arana<br>serpas | 5757 Kingsgate Dr. APT<br>Orlando, FL 32839 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
|       |                              |                                             | <input type="checkbox"/> Change                                            |
| P     | Gregorio A. Arana<br>serpas  | 5757 Kingsgate Dr. APT<br>Orlando FL 32839  | <input type="checkbox"/> Add<br><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                                            |

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

I made a mistake when I filed I  
wrote my name incorrect.  
My First Name is: Gregorio Second Name:  
Alexander. I called your office & was  
asked to do this Amendment to correct  
error.

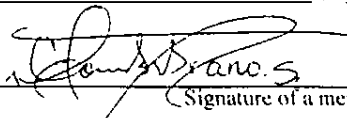
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 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 May 15, 2018.



(Signature of a member or authorized representative of a member)

Gregorio Alexander Arana

Typed or printed name of signee

FILED  
2018 MAY 18 PM 3:51  
TALLAHASSEE, FLORIDA