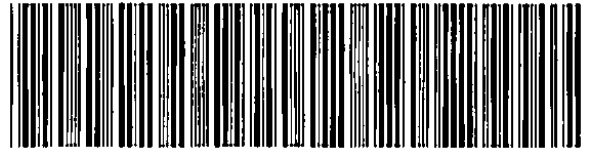


L190000 88479



500330854375

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

19 JUN 27 AM 11:04

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JUL 2 2018

T. BOURGEOIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Anca Remodeling Services Off Tampa LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and feets) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ariel Acosta Napoles
Name of Person

Owner
Firm/Company

3636 N. 53 Rd St
Address

Tampa FL 33604
City/State and Zip Code

Capnhermes.Sigloxxi@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ariel Acosta Napoles at (786) 712-2563
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

TO
ARTICLES OF ORGANIZATION
OF

Anca Remodelling Services of Tampa 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 04/01/19 and assign Florida document number L19000088479

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)

3616 W. 53RD ST.
Tampa FL 33619

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3616 W. 53RD ST.
Tampa FL 33619

B. If amending the registered agent and/or registered office address on our records, enter the name of registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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 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 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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of A</u>
<u>P</u>	<u>Aniel Acosta Napoles</u>	<u>3616 W. 53rd St.</u>	<input type="checkbox"/> Add
		<u>Tampa FL 33619</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
<u>VP</u>	<u>Ailin Estevez</u>		<input checked="" type="checkbox"/> Add
		<u>3616 W. 53rd St.</u>	<input type="checkbox"/> Remove
		<u>Tampa FL 33619</u>	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

19 JUN 27 4:11:41
 SECURITY AND STATE
 TALLAHASSEE, FLORIDA

Ariel Acosta Napoles owner of company
will like to change this title from
manger to president of the company
and add pilin estevez as vice pres
of the company.

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19 JUN 27 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


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 605.02

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed. 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
(b) The 90th day after the record is filed.

Dated 25, June 2019.



Signature of a member or authorized representative of a member

Ariel Acosta Napoles

Typed or printed name of signee