

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L20000324093

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : AB ALL SERVICES INC
Account Number : I20200000155
Phone : (305)882-1238
Fax Number : (305)882-1260

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

Email Address: _____

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
ELECTRONIC FILING

2020 SEP 17 AM 10:15

FILED

2020 SEP 17 PM 12:22

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ARMANDO LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

SEP 18 2020

S. YOUNG

Electronic Filing Menu Corporate Filing Menu Help

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

ARMANDO 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 05/12/2020

Florida document number L20000127761

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:

4185 HERITAGE CIR 202

(Principal office address MUST BE A STREET ADDRESS)

NAPLES, FL 34116

Enter new mailing address, if applicable:

4185 HERITAGE CIR 202

(Mailing address MAY BE A POST OFFICE BOX)

NAPLES, FL 34116

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:

ARMANDO J FERNANDEZ

New Registered Office Address:

4185 HERITAGE CIR 202

Enter Florida street address

NAPLES

City

Florida 34116

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

2020 SEP 17 AM 10:15
ASSIGNED
DIVISION OF CORPORATIONS
& BUSINESSES
STATE OF FLORIDA

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>
X	ARMANDO L FERNANDEZ	5583 JONQUIL CIR APT 301	<input type="checkbox"/> Add
		NAPLES, FL 34109	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
X	ARMANDO J FERNANDEZ	4185 HERITAGE CIR 202	<input checked="" type="checkbox"/> Add
		NAPLES, FL 34116	<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.)*

Multiple horizontal lines for amending information.

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 SEPT 17 2020

Handwritten signature of Armando J. Fernandez

Signature of a member or authorized representative of a member

ARMANDO J FERNANDEZ

Typed or printed name of signer

Filing Fee: \$25.00