

LOT00032155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

LOT-

(Document Number)

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09 JUN 15 AM 11:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. HAWKES

JUN 16 2009

EXAMINER

S. HAWKES

MAY 27 2009

EXAMINER

(Handwritten signature/initials)



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 4, 2009

OSCAR TORRES  
222 HALTON CIR  
SEFFNER, FL 33584

SUBJECT: ALL PHASES SERVICES, LLC  
Ref. Number: L07000032155

We have received your document for ALL PHASES SERVICES, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes  
Regulatory Specialist II

Letter Number: 509A00018772



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 27, 2009

OSCAR TORRES  
222 HALTON CIR  
SEFFNER, FL 33584

SUBJECT: ALL PHASES SERVICES, LLC  
Ref. Number: L07000032155

We have received your document for ALL PHASES SERVICES, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is *not distinguishable* from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes  
Regulatory Specialist II

Letter Number: 409A00017814

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: All Phases Services L.L.C.  
(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:

Oscar Torres  
(Name of Person)

All Phases Services L.L.C.  
(Firm/Company)

222 Halton Cir  
(Address)

Seffner, FL 33584  
(City/State and Zip Code)

For further information concerning this matter, please call:

Oscar Torres at ( 813 ) 506-3554  
(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**

All Phases Services L.L.C.

(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 Florida and assigned  
Florida document number L07000032155.

This amendment is submitted to amend the following:

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

COMPU-SERVICES OF TAMPA, L.L.C.

The new name must be distinguishable and end with 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)

222 Halton Cir

Seffner, FL 33584

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

222 Halton Cir

Seffner, FL 33584

**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:

New Registered Office Address:

(Enter Florida street address)

Florida

(City)

(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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing 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"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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JUN 15 2009  
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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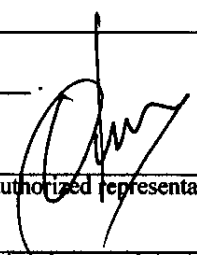


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Dated May 05, 2009

Signature of a member or authorized representative of a member  
  
 Oscar Torres  
 Typed or printed name of signee