

LO70000 68183

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

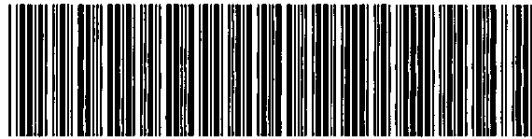
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: A TO Z RENOVATIONS
(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:

JOSE ROJAS VALVERDE

(Name of Person)

A TO Z RENOVATIONS

(Firm/Company)

7900 E. COLONIAL DR

(Address)

ORLANDO FL 32807

(City/State and Zip Code)

For further information concerning this matter, please call:

OLDEMAR CECILIANO

(Name of Person)

at (**407**) **209-9808**

(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A TO Z RENOVATIONS

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 06/28/2007 and assigned document number L07000068183.

SECOND: This amendment is submitted to amend the following:

I WANT TO ADD TO MY LLC OLDEMAR CECILIANO AS A MANAGER
IN CHARGE HIS ADDRESS IS 7900 E. COLONIAL DR. ORLANDO FL 32807
AND ALSO TO CHANGE THE LLC ADDRESS THE OLD ADDRESS WAS
5935 OAKRIVER DR. TAMPA FL 33615 US, AND THE CURRENT ADDRESS IS
7900 COLONIAL DR. ORLANDO FL 32807. THANKS FOR YOUR TIME

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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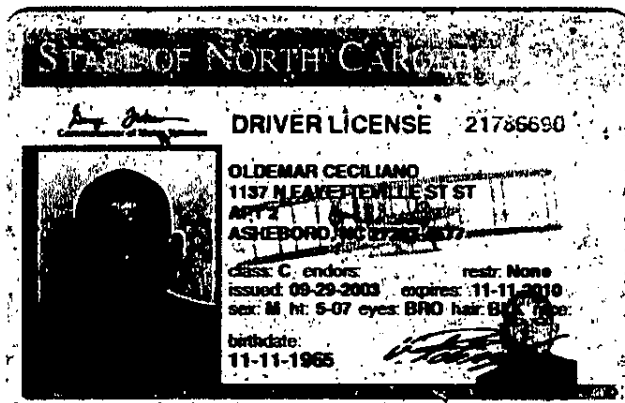
Dated 09/05/, 2007.

Jose Rojas Valverde

Signature of a member or authorized representative of a member

JOSE ROJAS VALVERDE

Typed or printed name of signee



CERTIFICATION:

I here certify that this is true copy
of the attached document to the best
of my knowledge.



Notary Public



Sworn to or affirmed and signed before me
this 06 day of September, 2007.



Notary Public

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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