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D. BRUCE.

JUL 20 2009

EXAMINER

COVER LETTER

Division of Co	rporations			
SUBJECT:	ALL STATE	SANFORD, LLC		
SUBJECT:		ed Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	V	William Glenn Roy, III		_
		Name of Person		
The Roy Law Firm				_
	Firm/Company			_
	4	411 W. Central Pkwy.		
		Address		*****
	Altamonte Springs, FL 32714			980 980
		City/State and Zip Code		
	E-mail address: (i	egan@roylawfirm.com o be used for future annual report not	ification)	ARY SSE
For further information	concerning this matter, please c			JUL 17 PH 4: 38 CRETARY OF STATE AHASSEE, FLORIDA
Willia	ım Glenn Roy, III	at (407) Area Code & Dayti	869-1414	Alle Rio
Name	of Person	Area Code & Dayti	me Telephone Numb	per II
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)	Certificed) Certifi	Filing Fee, cate of Status & ed Copy onal copy is enclosed)
MAILING ADDRESS:		STREET/COUL	RIER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGÁNIZATION OF

ALL STA	<u>TE SANFORD, LL</u>	.C	
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now apper Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability C	Company were filed on	May 19, 2008	and assigned
Florida document number L08000049961	<u></u> ·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company ho	e <u>re</u> :	
The new name must be distinguishable and end with the wo	rds "Limited Liability Com	pany," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	<u> </u>	:	
(Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7.000	LIZ PR 4:
		ROA	38 ATE
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, enter t	ne name of the ney
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street add	4266
	I		Cas
	City	, 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 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 **Title** Name <u>Address</u> Type of Action MGR Darlene Fette 12064 Sandy Shores Dr. Windermere, Florida 34786 ✓ Add ☐ Remove ☐ Add Remove Add [☐ Remove Add Remove \square Add Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 15 2009 authorized representative of a member William Glenn Roy, III Typed or printed name of signee

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Filing Fee: \$25.00