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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

T. HAMPTON

NOV 17 2009

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ALL ABOUT GAS SERVICE, LLC  
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:

Joanne Santos

Name of Person

ALL ABOUT GAS SERVICE, LLC

Firm/Company

19325 N.W. 47 AVE

Address

MIAMI GARDENS FLORIDA 33055

City/State and Zip Code

JoanneSantos@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carlos Ravelo

Name of Person

at 786 346-2860

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 ABOUT GAS SERVICE, 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 9/8/2008 and assigned  
Florida document number L08000085595.

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DIVISION OF CORPORATIONS  
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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 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)

ALL ABOUT GAS SERVICE, LLC  
528 WEST 27 STREET  
Hialeah, FLORIDA 33010

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

19325 N.W 47 AVE  
MIAMI GARDENS, FLORIDA  
33055

**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:

Jeury's Jovanne Santos.

New Registered Office Address:

19325 NW 47 AVE

Enter Florida street address

MIAMI GARDENS

Florida

33055

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.

[Signature]  
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

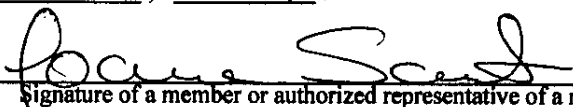
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Paul Rodriguez	1474 NW 44 TERR Hialeah FL 33012	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Jeurys J. Santos	19325 NW 47 AVE Miami FL 33055	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Joanne Santos	19325 NW 47 AVE Miami FL 33055	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Carlos Ravelo	1154 SW 13 CT Miami FL 33135	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated 11/13/, 2009.



Signature of a member or authorized representative of a member

Joanne Santos

Typed or printed name of signee

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