LU9000042413

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400368360354

98 933/21--0.708--0:7 **193.00

2021 JUL 23 AM 10: 31

ALLRESTORE, INC.

D.B.A.



June 10, 2021

Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

Enclosed are Articles of Amendment and \$25.00 fee for each of the following:

- 1. All Florida Works, LLC
- 2. Cane609, LLC
- 3. Ground Goods LLC
- 4. JAC Equipment LLC
- 5. JAC TOW, LLC
- 6. Virginia's Rose Garden, LLC

Check #2173 in the amount of \$150.00 filing fee for six (6) LLCs.

Thank you,

Janice M. Moeller

Administrative Assistant

Email: janice.moeller@allrestore.net

LLLCE M. Woller

Enc.

COVER LETTER

TO:

Registration Section

Divisio	on of Corp	porations		
	ll Florida '	Works, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed A	rticles of	Amendment and fee(s) are sub	mitted for filing	
) lie chelosed A	itticies of 7	Amendment and recess are sub	initied for fining.	
Please return al	I correspo	ndence concerning this matter	to the following:	
		Jeff Lazzeri		
			Name of Person	
		All Florida Works, LLC		
			Firm/Company	
		26551 SW 182 Avene		
			Address	
		Homestead, FL 33031		
		janice.moeller@allrestore.n	City/State and Zip Code	
•			to be used for future annual report no	uffication)
For further info	rmation co	oncerning this matter, please c	all:	
Janice M. Moel	ller		305 238-2391	
	Name of	Person	at () Area Code Daytii	me Telephone Number
Enclosed is a c	heck for th	e following amount:		
		-	□ ¢44.00 E31	□ 6(0.00 F))
≡ \$25.00 Fili	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	 S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	ng Address		Street Address:	
Registration Section			Registration S	
	non of Ci Box 632	orporations 7	Division of Co The Centre of	-
		FL 32314		oe Street, Suite 810
i ana	1140000, 1	1 1 Lac	7-12 14 (410III)	or parent pare or o

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

All Florida Works, LLC					
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on ou Liability Company)	r records.)			
The Articles of Organization for this Limited Liability Company	were filed on 05/01/200)9	_ and assigned		
Florida document number L09000042413					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company here:				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designat	ion "LLC" or the abbre	eviation "L.L.C."		
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	921		
		} <u>.</u>	<u> </u>		
		•	23		
Enter new mailing address, if applicable:		<u>. </u>	<u> </u>		
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>		
		75	. ω		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our record	s, enter the name o	of the new registered		
New Registered Office Address:	Enter Florida stre	wi address			
	777E. 1 KV 152 SH C				
	City	, Florida	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my di provided for in Chapte	ities, and I am fan er 605, F.S. Or, if	niliar with and this document is		

If Changing Registered Agent, Signature of New Registered Agent

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>	Address	Type of Action
MGR	Julie A. Lazzeri	26551 SW 182 Avenue, Homestead, FL 33031	= Add
			□Remove
•			□Change
			🗆 Remove
			□Change
			Add .
		OKIDA S. S. S	Add JULIA Remove
			Change
			Arthur Change
			□Remove
			Change
			□Add
			□Remove
			□Change
			🗆 Add
			□ Remove
			□ Change

			_		1 14 = -		
	 			•			
					<u> </u>		
							
							
					. <u></u>		
						17.	2021
				· · · · · · · · · · · · · · · · · · ·			JU
				<u>. —</u>		- 1 -	کی ۔
						<i>-</i>	-
<u></u>		<u> </u>			<u>-</u>	<u> </u>	<u></u>
			·			>	
 							
··-		···-			-		
						- -	
fective date, if oth in effective date is listed ote: If the date inser- cument's effective of	d, the date must be sp rted in this block do	ecific and cannot bes not meet the	be prior to date e applicable st	of filing or more that to the state of the s	an 90 days afte	i onal) r filing.) Pi is date wi	ursuant to 605. Il not be liste
ecord specifies a del is filed.	layed effective date	, but not an effe	ective time, at	12:01 a.m. on th	e carlier of: (o) The 9	Oth day after
ated June 10th			·				
	2A -			epresentative of a			

Filing Fee: \$25.00