

L10000101928

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 DEC -1 AM 11:28

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J. SAULSBERRY
EXAMINER

DEC 2 2010

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ACOSTA GENERAL SERVICES, 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:

ERROL GORDON
Name of Person
COMPUTAX BUSINESS SOLUTIONS, INC
Firm/Company
4802 W. COMMERCIAL BLVD.
Address
TAMARAC, FL 33319
City/State and Zip Code
errol@yourvisionary.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ERROL GORDON at (754) 246 0542
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

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2010 DEC - 1 AM 11:28
TALLAHASSEE, FLORIDA
STATE OF FLORIDA

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

ACOSTA GENERAL SERVICES, 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 9/28/2010 and assigned
Florida document number L 10000101.928

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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2010 DEC - AM 11:28
CLERK OF CIRCUIT
JUDGE
TALLAHASSEE, FLORIDA

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: FRANCISCO ACOSTA-CASTRO

New Registered Office Address: 361 NW 36 ST.

Enter Florida street address

POMPANO BEACH, Florida 33064
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.

FRANCISCO ACOSTA-CASTRO
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>
MGRM	FRANCISCO REYES	361 NW 36 th ST POMPANO BEACH, FL 33064	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	FRANCISCO ACOSTA-CASTRO	361 NW 36 th STREET POMPANO BEACH, FL 33064	<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
			<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).

CLERK OF STATE
TALLAHASSEE, FLORIDA
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Dated

11/29/10

FRANCISCO ACOSTA-CASTRO

Signature of a member or authorized representative of a member

FRANCISCO ACOSTA-CASTRO

Typed or printed name of signee