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2017 APR -7 PM 2: 42 SECRETARY OF STATE

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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 29, 2017

ALL SYSTEMS SERVICES LLC. CHARLES HEATH 1587 SW BELGRAVE TERRACE STUART, FL 34997

SUBJECT: ALL SYSTEMS SERVICES LLC.

Ref. Number: L11000077696

We have received your document for ALL SYSTEMS SERVICES LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Chapter 605, Florida Statutes, does not allow limited liability companies to issue shares or stock. Consequently, limited liability company documents cannot contain any references/terms which may implicate otherwise. Please delete any references to terms such as "shares," "stock," "stockholders," "shareholders" or the like from your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 217A00006031

2017 APR - 7 PM 1: 08

April 4, 2017

1587 SW Belgrave Terrace Stuart, FL 34997

Florida Department of State – Division of Corporations Corporate Records PO Box 6327 Tallahassee, FL 32314

Subject: ALL SYSTEMS SERVICES LLC

Ref Number: L11000077696 Letter Number: 217A00006031

Please see the revised page 2 for filing of the Articles of Amendment to Articles of the Organization.

I hope that this time we have complied with the correct information per Chapter 605 of the Florida Statutes.

I have attached the letter that was received April 3, 2017 in regards to the error and the updated documentation.

If you should have any additional questions, please feel free to contact me at 772-285-8637.

Thank you,

Melinda R Heath

Registered Agent for All Systems Services LLC

Melenda R. Skath

COVER LETTER

SUBJECT: All	Systems Serv	lices LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Charles H	eath) Name of Person	· <u>····</u>
	All System	95 Services L	LC_
	1587 SW	Belgrave Ter	race
	Stuart, F	-L 34997 City/State and Zip Code	
	electricch E-mail address: (1	um@ aol. com to be used for future annual report notific	ation)
For further information c	oncerning this matter, please ca	all:	
Charles Name o	Heath Person	at (<u>772)</u> <u>215 -</u> Area Code Daytime	4461 Telephone Number
Enclosed is a check for the	ne 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:

TO:

Registration Section Division of Corporations

> 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 ARTICLES OF ORGANIZATION

2017 APR-7 PM 2:42 d 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 _0710512011 Florida document number L/1 COCO 7 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 contain 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) 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: New Registered Office Address:

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 605, 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.

Citv

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Florida

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 **Title Type of Action** <u>Name</u> **Address** Kevinc. Heath ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change APR Rethove Programme Prog OR Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove

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Filing Fee: \$25.00