

L12000112143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

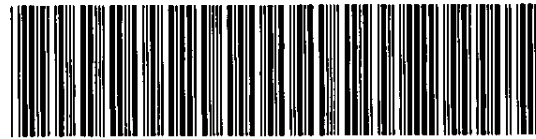
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800245422608

07/09/13--01007--017 **25.00

FILED
2013 JUL - 9 AM 11: 25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan JUL - 9 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Stroller 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:

Angel Ciro Leon

Name of Person

Stroller Services, LLC

Firm/Company

14001 Fairway Island Drive Apt 512

Address

Orlando, FL 32837

City/State and Zip Code

strollerservices@gmail.com

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

For further information concerning this matter, please call:

Angel Ciro Leon

Name of Person

at (407) 574-0017

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 4, 2013

ANGEL CIRO LEON
14001 FAIRWAY ISLAND DRIVE
APT. 512
ORLANDO, FL 32837

SUBJECT: STROLLER SERVICES, LLC
Ref. Number: L12000112143

We have received your document for STROLLER SERVICES, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 013A00013935

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

13 JUL -9 AM 11: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Stroller 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 08/31/2013 and assigned
Florida document number L12000112143.

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)

14001 Fairway Island Drive Apt 512

Orlando, FL 32837

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

14001 Fairway Island Drive Apt 512

Orlando, FL 32837

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:

Enter Florida street address

, Florida

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.

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	Moreina Del Rio Leon Soto	14001 Fairway Island Drive Apt 512	<input checked="" type="checkbox"/> Add
		Orlando, FL 32837	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated May 30th, 2013



Signature of a member or authorized representative of a member

ANGEL CIRIO LEON

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2013 JUL -9 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA