

L13000028788

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

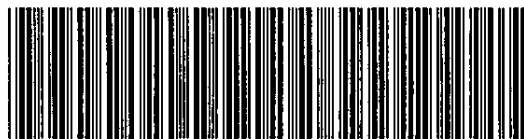
(Business Entity Name)

(Document Number)

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2013 AUG 19 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 20 2013

D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A & N Construction & Restoration, 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:

Noel Huerta

Name of Person

A & N Construction & Restoration, LLC

Firm/Company

1002 Aqua Vista Court

Address

Haines City, FL 33844

City/State and Zip Code

aandnllc@gmail.com

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

For further information concerning this matter, please call:

Noel Huerta

Name of Person

at (757) 288-8003

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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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2019 AUG 19 PM 2:45
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TALLAHASSEE FLORIDA

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

A & N Construction & Restoration, 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 2/25/14 and assigned
Florida document number L13000028788

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)

1002 Aqua Vista Court

Haines City, FL 33844

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1002 Aqua Vista Court

Haines City, FL 33844

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2014 AUG 19 PM 2:45
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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: _____

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>
MGR	Adrian Arellano	1909 N 18th Street	<input type="checkbox"/> Add
		Haines City, FL 33844	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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

Dated July 2, 2013



Signature of a member or authorized representative of a member

Noel Huerta

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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