L13000131787

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

Office Use Only 5. C. 06/24/21



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Division of Corporations All Energy Services LLC SUBJECT: _____ 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: Carl Weirich Name of Person All Energy Services LLC Firm/Company 816 Marys Park Place Address Winter Garden, FL 34787 City/State and Zip Code allenergyservice@icloud.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 707 日本 2日 日日 680-9587 Carl Weirich Daytime Telephone Number Area Code Name of Person Enclosed is a check for the following amount: ☐ \$30.00 Filing Fee & □ \$60.00 Filing F&. **■** \$25.00 Filing Fee □ \$55.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy

Mailing Address:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

(additional copy is enclosed)

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Certified Copy

(additional copy is enclosed)

TO ARTICLES OF ORGANIZATION OF

All Energy 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 _____ and assigned Florida document number ______1.13000131787 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 "LLC." 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: Enter Florida street 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.

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Manuel Mojica	224 Afton Square, Altamonte Springs, FL 32714	= Add
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cord specifies a delayed effo s filed.	ective date, but not a	n effective tim	e, at 12:01 a.m	on the earlier	of: (b)	The 90th	ı day after th
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Typed or printed name of signee