

L17 000 159063

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

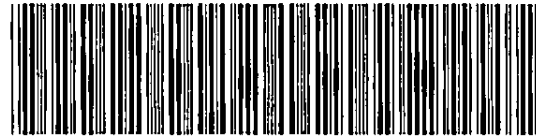
(Business Entity Name)

(Document Number)

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2017 OCT 12 P 2:00

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D SCOTT
OCT 13 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Avid Property Services
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:

Kelly Hayes
Name of Person

Avid Property Services
Firm/Company

3338 Tonkin dr.
Address

North Port FL 34287
City/State and Zip Code

CustomerService@AvidpropertyServices.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kelly Hayes at (941) 661-6618
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

FILED
TALLAHASSEE, FL
2011 OCT 12 PM 2:00

FILED

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

Avid Property Services

(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 11/13/2013 and assigned Florida document number L13000159063.

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)

3338 Tonkin dr.

North Port, FL

34287

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3338 Tonkin dr.

North Port, FL

34287

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:

Kelly Hayes

New Registered Office Address:

3338 Tonkin dr.

Enter Florida street address

North Port

City

Florida

Zip Code

34287

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.

Kelly Hayes
If Changing Registered Agent, Signature of New Registered Agent

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	Name	Address	Type of Action
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President	Jesse Boil	4772 Abernant Ave	<input type="checkbox"/> Add
		North Port, FL	<input checked="" type="checkbox"/> Remove
		34287	<input type="checkbox"/> Change

Treasurer	Stacy Boil	4772 Abernant Ave	<input type="checkbox"/> Add
		North Port, FL	<input checked="" type="checkbox"/> Remove
		34287	<input type="checkbox"/> Change

President	Kelly Hayes	3338 Tonkindr.	<input checked="" type="checkbox"/> Add
		North Port FL	<input type="checkbox"/> Remove
		34287	<input type="checkbox"/> Change

Treasurer	Alma Martinez	3338 Tonkindr.	<input checked="" type="checkbox"/> Add
		North Port FL.	<input type="checkbox"/> Remove
		34287	<input type="checkbox"/> Change

			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
JAN 12 2011
NORTH PORT, FL 34287

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

231
FALL

F. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated 10-1-17

Signature of a member or authorized representative of a member

Jesse Boll

Typed or printed name of signee

2017 OCT 13 2:00 PM
FALL AHAAS
FLORIDA
S. AIC
2017 OCT 13 2:00 PM
FALL AHAAS
FLORIDA
S. AIC