

L140000000952

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

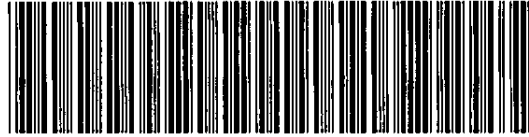
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

AUG 06 2015

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A & S RENOVATIONS 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:

JUNIEL SOSA

Name of Person

A & S RENOVATIONS LLC

Firm/Company

14574 MICHENER TRAIL

Address

ORLANDO, FLORIDA 32828

City/State and Zip Code

a_srenovations@icloud.com, junielsosa@yahoo.com

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

For further information concerning this matter, please call:

Juniel Sosa

407

913-0489

at ()

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

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

A & S RENOVATIONS LLC

(Name of the Limited Liability Company as it now appears on our records,
or Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on JANUARY 1, 2014 and assigned
Florida document number L14000000952

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)

14574 MICHENER TRAIL

ORLANDO, FL 32828

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

14574 MICHENER TRAIL

ORLANDO, FL 32828

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CLERK OF STATE
TALLAHASSEE, FLORIDA

R. 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 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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CHRISTIAN SANTIAGO	2955 DAYBREAK DRIVE	<input type="checkbox"/> Add
		ORLANDO, FL 32825	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JUNIEL SOSA	14574 MICHENER TRAIL	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32828	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

NOTARY PUBLIC
TALLAHASSEE, FLORIDA
15 AUG - 3 PM 1:00


15 AUG -3 PM 1
OFFICE OF THE
SULLY ASSESS. FLO

15 AUG -3 PM 1:00
ALLAHADSEE, FLORIDA

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 USPTO website.

dated JULY 30

2015


Signature of a member or authorized representative of a member

Juniel Sosa
Typed or printed name of signee