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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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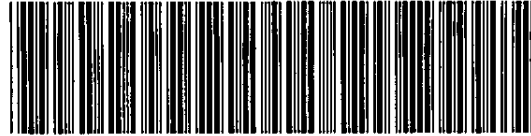
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 01 2015

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Aspire Elevator and Floor 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:

Jacquelin Gonzales
Name of Person

Aspire Elevator and Floor Services
Firm/Company

792 NE 44th St.
Address

Oakland Park, FL 33334
City/State and Zip Code

Jacquelin.aspire@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jacquelin Gonzales at (407) 766-6632
Name of Person Area Code Daytime Telephone Number

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Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee
246

☒ \$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

**TO
ARTICLES OF ORGANIZATION
OF**

Aspire Elevator and Floor 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 9/18/15 and assigned
Florida document number L14000043984.

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)

792 NE 44th St

Oakland Park, FL 33334

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

792 NE 44th St.

Oakland Park, FL 33334

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:

Jacquelin Gonzales

New Registered Office Address:

792 NE 44th St.

Enter Florida street address

Oakland Park

Florida

City

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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>	<u>Type of Action</u>
MGRM	Gonzales, Robert	3964 NE 5 th Ave	<input type="checkbox"/> Add
		Oakland Park, FL 33334	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
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TALLAHASSEE, FLORIDA
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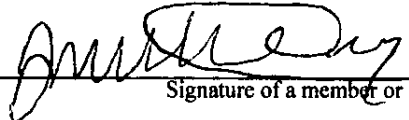
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E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date 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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated _____, _____.

 President
Signature of a member or authorized representative of a member
Jacquelin Gonzales - President
Typed or printed name of signee

BP ENTERPRISES USA, LLC

PURE ENERGY PRODUCTS U.S.A., LLC

Page 1 of 3

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>
	N/A		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TALLAHASSEE, FLORIDA

15 SEP 29
SECRETARY OF
THE ARMY

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TALLAHASSEE, FLORIDA

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Dated 9-28-2015, _____

Signature of a member or authorized representative of a member

BARRY PAUL
Typed or printed name of signee