L140000108012

(Requ	estor's Name)	
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T. HAMPTON



COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

All State Striping & Maintenance 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:

Geonel Pozo Name of Person All State Striping & Maintenance Services, LLC Firm/Company 8000 NW 170th Ter Address Hialeah, Florida 33015 City/State and Zip Code

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

For further information concerning this matter, please call:

Jenny Zamora

_{at} 305, 206-61

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

allstatestriping@gmail.com

□ \$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



October 23, 2014

GEONEL POZO 8000 NW 170TH TER HIALEAH, FL 33015

SUBJECT: ALL STATE STRIPING & MAINTENANCE SERVICES, LLC.

Ref. Number: L14000108012

We have received your document for ALL STATE STRIPING & MAINTENANCE SERVICES, LLC.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 714A00022730

Tammy Hampton Regulatory Specialist III

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

All State Striping & Maintenance Serv		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appears on our records,) led Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on <u>07/08/2014</u>	and assigned
Florida document number <u>L14000108012</u>		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited l</u>	iability company here:	
The new name must be distinguishable and end with the words "Limited l	Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		TALL TALL
(Principal office address MUST BE A STREET ADDRESS)	2	
Enter new mailing address, if applicable:		SSEEL FL. S
(Mailing address MAY BE A POST OFFICE BOX)		ATE ORIDA
B. If amending the registered agent and/or registered registered agent and/or the new registered office address l	· —	nter the name of the n
Name of New Registered Agent:		
New Registered Office Address:	En El id de de de de	
	Enter Florida street address	
	, Florid	
	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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager ' AMBR = Authorized Member Type of Action Title **Address** Name 240 SW 129 Ave MGR Barbarito Castillo Rodriguez □ Add Miami, FL. 33175 **■** Remove 8000 NW 170th Ter Roberto Pozo **AMBR** ■ Add Hialeah, FL. 33015 ☐ Remove Roberto Pozo 8000 NW 170th Ter MGR □ Add Hialeah, FL. 33015 Remove □ Add □ Remove ☐ Add

☐ Remove

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) Dated O9/29/2014 Signature of a member or authorized representative of a member	11 20	nending any other information, enter change(s) here: (Attach daditional sheets, if necessary.)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) Dated O9/29/2014 O6:00PM Signature of a member or authorized representative of a member		
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George Pozo		·
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Page 3 of 3

Filing Fee: \$25.00

