L14000157860

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2019 NOV -1 AM ID: 50
SECRETARY OF STATE

Y SULLETTS NOV 2.7 2019

COVER LETTER

	egistration Servision of Corp		
SUBJECT:	A + ENVIR	RONMENTAL RESTORATION, LLC	
30 202 01.	•	Name of Limited Liability Company	
The enclose	ed Articles of a	Amendment and fee(s) are submitted for filing.	
Please retur	n all correspo	ondence concerning this matter to the following:	
		JORDAN DERISO	
		Name of Person	
		A + ENVIRONMENTAL RESTORATION, LLC	
		Firm/Company	
		4346 SW HULL AVE	
		Address	
		ARCADIA, FL 34269	
		City/State and Zip Code jordan @aplusenvironmentalrestoration.com	
		E-mail address: (to be used for future annual report notification)	
For further	information c	concerning this matter, please call:	
JORĐAN I	DERISO	863 494-7585 at () Of Person Area Code Daytime Telephon	
	Name o	of Person Area Code Daytime Telephon	e Number
Enclosed is	a check for th	the following amount:	
≘ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$ Certificate of Status 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, F1. 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 + ENVIRONMENTAL RESTO			
(Name of the Lim	ited Liability Company as it now appear (A Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited [Liability Company were filed on 10/	09/2014	and assigned
Florida document number L14000157860	<u> </u>		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability company he	<u>re</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company," the d	esignation "LLC" or th	te abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	<u> </u>		· .
			7A 20
			19 N
B. If amending the registered agent and		our records, en	ter the name of the
registered agent and/or the new registered	office address here:		ASSE ANNA ANNA ANNA ANNA ANNA ANNA ANNA
Name of New Registered Agent:	JORDAN DERISO	···-	
New Registered Office Address:	4346 SW HULL AVE		o: 5
	Enter Flor	rda street address	>
	ARCADIA	, 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>	Address	Type of Action
President	Denso bel I	PO Box 3410	Add
		Arcadia, Fl 34265	Remove
			Change
President	Deriso, Jordan	4346 SW HULL Ave	_X Add
		Arcadia FL 34269	□ Remove
			Change
Secretary	Deniso, Kayla	PO BOX 3410	
U	0	Arcadia, Fl 34265	Remove
			□ Change
Secretary	Deriso, Lauren	4346 SW Holl Ave	_ j XAdd
U	Elizabeth	Arcadia, FL 34269	□ Remove
			🗖 Change
Treasurer	Deniso, Jordan	4346 SW HUIL Ave	□ Add
		Arcaclia FL 34269	□ Remove
			Change
Vice president	Deriso, Lauren	4346 Sw Hull Ave	Add
	Elizabeth	Arcadia, Fl 34269	_□ Remove
			Change

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Effect	date, if other than the date of filing: (optional)
Note:	ve 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 605.0 he date inserted in this block does not meet the applicable statutory filling requirements, this date will not be listed is effective date on the Department of State's records.
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier lith day after the record is filed.
Dated	10-28-19 2019
	Signature of a member or authorized representative of a member
	/ RASA 1

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Typed or printed name of signee

Filing Fee: \$25.00