

L 14000159787

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

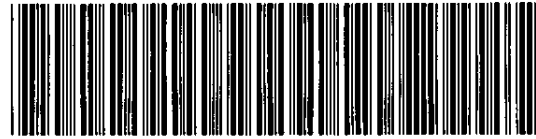
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500265742645

RECEIVED
DEPARTMENT OF STATE
14 OCT 24 PM 4:24

FILED
14 OCT 24 AM 9:36
SECRETARY OF STATE
ALABAMA, FLORIDA

W
10/27/14



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 325811 8016647

AUTHORIZATION :

COST LIMIT : \$25.00

Spurlockman

ORDER DATE : October 5, 2014

ORDER TIME : 2:52 PM

ORDER NO. : 325811-010

CUSTOMER NO: 8016647

DOMESTIC AMENDMENT FILING

NAME: ALL IN 1 MANAGEMENT, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT

 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY

XX PLAIN STAMPED COPY

 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ALL IN 1 MANAGEMENT, 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:

Harry Castro

Name of Person

ALL IN 1 MANAGEMENT, LLC

Firm/Company

3181 Bothwell Ct

Address

Oviedo, FL 32765

City/State and Zip Code

harry1castro@yahoo.com

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

For further information concerning this matter, please call:

Harry Castro

407 701-7111
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**

ALL IN 1 MANAGEMENT, 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 10/13/14 and assigned
Florida document number L14000159787.

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 end with 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)

3181 BOTHWELL CT
OVIDO FL 32765

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

3181 BOTHWELL CT
OVIDO FL 32765

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:

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

14 OCT 14 9:35 AM
FILED
CLERK OF CIRCUIT COURT
JANUARY 14, 2015
TALLAHASSEE, FLORIDA

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	HARRY L. CASTRO	181 BOTHWELL CT	<input type="checkbox"/> Add
		OVIEDO, FL. 32756	<input checked="" type="checkbox"/> Remove
AMBR	JANEDITH CASTRO	181 BOTHWELL CT	<input type="checkbox"/> Add
		OVIEDO, FL. 32756	<input checked="" type="checkbox"/> Remove
AMBR	HARRY L. CASTRO	3181 BOTHWELL CT	<input checked="" type="checkbox"/> Add
		OVIEDO, FL. 32765	<input type="checkbox"/> Remove
AMBR	JANEDITH CASTRO	3181 BOTHWELL CT	<input checked="" type="checkbox"/> Add
		OVIEDO, FL. 32765	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

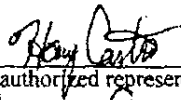
FILED
14 OCT 24 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

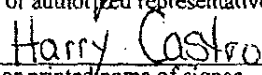
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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 more than 90 days after filing.) (605.0207 (3)(b))

Dated _____

HARRY L. CASTRO


Signature of a member or authorized representative of a member


Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
14 OCT 24 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA