L14000187250

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to R. A. Sigr	Filing Officer:	

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THE SIGNEY OF STATE

S Warren AUG 2 9 2016



August 11, 2016

JOHANNA PARDO 1130 E. DONEGAS AVE, SUITE 4 KISSIMMEE, FL 34744

SUBJECT: A+ RESTORATIONS SERVICES LLC

Ref. Number: L14000187250

We have received your document for A+ RESTORATIONS SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with 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: 616A00017049

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO:		ation Secti 1 of Corpo			
SUB.I	ECT:	A +	RESTORATIONS	SERVICES	LLC
u				ted Liability Company	
The er	nclosed Art	icles of An	nendment and fee(s) are subn	nitted for filing.	
Please	return all	correspond	ence concerning this matter t	o the following:	
			JOH	Name of Person)
			A+ RES	TOPATIONS SE Firm/Company	PNICES LLC
			1130 E. DONEG	AN AVE, SUITE Address	4
			KISSIMMEE, FL Aplustestore E-mail address: (to	-1 34744 City/State and Zip Code	<u> </u>
			aplus restore E-mail address: (to	Hions 15@gi	port notification)
For fu	rther inforr	nation con	erning this matter, please ca	11:	
E	LMA	Name of Pe	ALDOWADO erson	at (<u>407</u>) Area Code	78 - 6365 Daytime Telephone Number
Enclos	sed is a che	ck for the I	following amount:		
s \$2	25.00 Filing	g 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

TO ARTICLES OF ORGANIZATION OF

A+ KE	STORATIONS SERVICES LLC	
(<u>Name of the Limited L</u> (A F	iability Company as it now appears on of lorida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabil Florida document number	lity Company were filed on	015 and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
Principal office address MUST BE A STREET A	DDRESS)	<u> </u>
Enter new mailing address, if applicable:		STATE LORIDE
Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		records, enter the name of th
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida st	reet address
		. Florida
-	City	, Florida 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	LUIS PARDO	3803 BLUE DASHER DR	
		VICCIMMEE EL 24744	■ Add
		KISSIMMEE FL 34744	Remove
			Change
			□ Remove
			□ Change
			Add
			□ Remove
			☐ Change
			□ Add
			□ Remove
			Change
			□ Add
			□ Remove
			Ghange CRIAR C
			AR OF STATE
			RATE 32 □ Change

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			_	
				
	the date of filing: must be specific and cannot be prior	r to date of filing or more than 90 da	(optional) avs after filing.) Pursuant to 605.0	207 (3)
Effective date, if other than If an effective date is listed, the date	s block does not meet the applic	cable statutory filing requiremen	nts, this date will not be listed	d as the
If an effective date is listed, the date Note: If the date inserted in thi	e Denartment at State's recards	5.		
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If an effective date is listed, the date Note: If the date inserted in thi document's effective date on the he record specifies a dela	yed effective date, but no	ot an effective time, at 12	2:01 a.m. on the earlier	
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Filing Fee: \$25.00