# L15000008984

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## **COVER LETTER**

Div	vision of Corp	orations		
SUBJECT:		ANCY SPECIALISTS, LLC		
00000001		Name of Limi	ted Liability Company	
The enclose	d Articles of A	Amendment and fee(s) are subr	nitted for filing.	
		ndence concerning this matter t	_	
		ARCOMA BRICENO		
			Name of Person	
ASAP VACANCY SPECIALISTS, LLC				
Firm/Company				· · ·
	7512 DR PHILLIPS BLVD. SUITE 50-954			
			Address	<del></del>
		ORLANDO, FL 32819		
			City/State and Zip Code	
YOTTABAY@GMAIL.COM				
For further	information co	E-mail address: (i	to be used for future annual report notificall:	cation)
ARCOMA	BRICENO		971 2218623 at ( )	
	Name of	Person		Telephone Number
Enclosed is	a check for th	e 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:

TO:

**Registration Section** 

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



# FLORIDA DEPARTMENT OF STATE Division of Corporations

September 16, 2016

ARCOMA BRICENO 7512 DR PHILLIPS BLVD SUITE 50-954 ORLANDO, FL 32819

SUBJECT: ASAP VACANCY SPECIALISTS LLC

Ref. Number: L15000008984

We have received your document for ASAP VACANCY SPECIALISTS 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.

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

Jenna D Harris Regulatory Specialist II

Letter Number: 716A00019926

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ASAP VACANCY SPECIALISTS, LLC

(Name of the Lim	ited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited I Florida document number L15000008984	Liability Company were filed on 01/15/2015	and assigned
This amendment is submitted to amend the fol	lowing:	
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" o	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	<u> </u>
		<u>하 호</u>
		SE
Enter new mailing address, if applicable:		3 <u>94</u>
(Mailing address MAY BE A POST OFFICE	<u></u>	≥ Section
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		<b>1</b>
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered office address on our records, office address here:	enter the name of the new
Name of New Registered Agent:	ARCOMA LYNN BRICENO	
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	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>	Name	Address	Type of Action
MGMR	ARCOMA BRICENO DE LA VEC	8304 REVEILLE RD	□ Add
		ORLANDO, FL 32819	■ Remove
			Change
AMBR	ARCOMA LYNN BRICENO	8304 REVEILLE RD	■ Add
		ORLANDO, FL 32819	Remove
			☐ Change
MGMR	ARCOMA LYNN BRICENO	8304 REVEILLE RD	Add
		ORLANDO, FL 32819	□ Remove
			☐ Change
	<del>.</del>		□ Add
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SEPTEMBER 12TH	2016	•		
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Sign	lature of a member or auth	orized representative of a n	nember	<del>- 6</del>
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Filing Fee: \$25.00