

L15000021922

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6303

From:

Account Name : MBA ACTIVATION, LLC
Account Number : I20130000007
Phone : (786) 439-9847
Fax Number : (786) 345-0666FILED
2020 MAY -8 AM 8:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: sergueipm@gmail.comLLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ALL PUMPING SERVICES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01

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MAY 11 2020

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

All Pumping Services, 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 02/05/2015 and assigned
Florida document number L15000021922.

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)

30620 SW 199th Ave.

Homestead, FL 33030

US

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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.

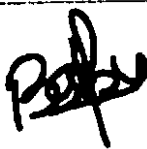
If Changing Registered Agent, Signature of New Registered Agent

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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>
MGR	Barbara M. Fernandez Figueredo	6950 West 6th Ave.	<input type="checkbox"/> Add
		417	<input checked="" type="checkbox"/> Remove
		Hialeah, FL 33014	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

The member being removed it is been released of all and every debt resulting
of the business activity since the business was opened up to the date of
signing this amendment. This way, the aforementioned member has not more
relation with the business. The member assuming the 100% of the ownership
through this document, is responsible of all business obligations.

E. Effective date, if other than the date of filing: 05/10/2020 (optional)

(The effective date must be specific, cannot be prior to date of receipt of filed date and cannot be more than 90 days after
the date this document is filed by the Florida Department of State)

Dated April 10th, 2020



Signature of a member or authorized representative of a member

Barbara M. Fernandez Figueredo - Former Manager

Typed or printed name of signer