

L15000032144

(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



700275038567

700275038567  
07/21/15--01003--024 \*\*25.00

JUL 22 2015  
S. YOUNG

FILED  
15 JUL 21 PM 2:06  
RECEIVED  
JUL 21 2015  
TOLSON

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ALL American Standard Home Services 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:

MARC Fuentes  
Name of Person

ALL American Standard Home Services LLC  
Firm/Company

11016 Golden Silence Dr.  
Address

Riverview FL 33579  
City/State and Zip Code

allamericanstandardllc@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Martinez at (786) 201-8493  
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

FILED  
15 JUL 21 PM 2:05  
TALLAHASSEE, FL 32301  
CLERK OF STATE

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

ALL American STANDARD Home 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 FEB 2015 20<sup>th</sup> and assigned Florida document number L15000032144.

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 contain 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)**

**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**

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Fuentes, marc	12914 Sanctuary Cove Dr.	<input type="checkbox"/> Add
		Temple Terrace, FL 33687	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
15 JUL 2005  
SECRETARY OF STATE  
TALLAHASSEE, FL

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

We provided an updated bylaws, which is attached.

FILED  
JUL 21 PM 2:05  
DEPARTMENT OF STATE  
RECORDS SECTION

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

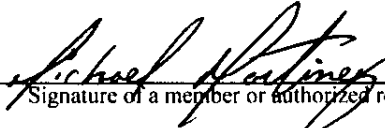
*(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)*

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated July 15<sup>th</sup>, 2015.



Signature of a member or authorized representative of a member

Michael Martinez

Typed or printed name of signee

June 25, 2015

Subject: Articles of Organization (Bylaws)

Comes Now,

All American Standard Home Services LLC

11016 Golden Silence Drive, Riverview, FL 33579.

Registered Agents:

Michael Alexander Martinez

11016 Golden Silence Drive Riverview, FL 33579

The purpose of the Limited Liability Company is to engage in any lawful activity for which a Limited Liability Company may be organized in the state of Florida.

The owners of All American Standard Home Services, LLC. will manage the Limited Liability Company.

The above said address will be used as the place of business for the Limited Liability Company.

The duration of the Limited Liability Company of All American Standard Home Services, LLC is, as of 02/20/2015

FILED  
15 JUN 21 PM 2:05  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

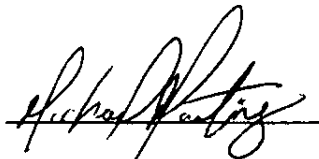
Michael Alexander Martinez and Eric Orlando Fowler; together we form one hundred percent ownership; each partner makes up one half of the whole one hundred percent of All American Standard Home Services, LLC. For the owners best interest here is how we see fit to govern ourselves as owners for All American Standard Home Services, LLC. At Any time with all members votes (agreed upon) we as the body will amend if need be. With this said all partners must be physically present to amend with notarized signatures. The following Items are to govern us and to be utilized as our commandments:

1. No fraternizing with employees under no circumstances
2. All partners must agree on hiring or firing any employees
3. Any incoming or outgoing transactions/ investments pertaining to monetary value must be agreed on by signing off by all partners
4. All profits and losses are shared equally between all partners
5. No partners or parties pertaining to the partner or partners are allowed to conduct outsourcing/profits which would be a conflict of interest of All American Standard Home Services, LLC.
6. Any partner who jeopardizes the company's name in any derogatory manner, which can result in a legally binding issue exposing the company's image. The partner or parties involved have the right to hire an attorney or legal representation to get themselves out of their legal matters and ensure company's image is protected. The parties involved in any legal binding issues must use their own money and not the company's money. Resulting in Slander or any irreversible damages done to company's image, the parties involved forfeit their right as a partner to All American Standard Home Services, LLC.
7. No Alcohol or any Drugs, or illegal substances, around office building, around company's employees, company's clients unless alcohol beverages are requested by clients
8. All partners share equal responsibilities and are held accountable for their duties on time
9. Receipts for transactions are needed to prove purchase to itemize the cost. Failure to do so the individuals who failed to comply must pay out of pocket expense for total cost incurred
10. For a total of 100% which represents a sales price of each job. 70% goes to business 30% goes to owners. This structure can be amended at any time as long as all the partners are present and there's a signed contract explaining new structure for All American Standard home Services, LLC.
11. While renting a contractor license no owner shall lend the rented license to a third party
12. We cannot offer our own license or insurance to any third party

13. If a partner is bought out, the company shall continue business as usual or have a chance to evolve to a different form of business. The total cash account will pay the partner who wants to be bought out their 1/2 proportion stake of the cash account

Failure to comply with the above said items will result in immediate termination.  
The company shall continue business as usual or have a chance to evolve to a different form of business to survive.

By signing below all partners agree to all terms:



Michael Martínez

July 15, 2015

Date



Eric Fowler

15<sup>th</sup> July 2015

Date

FILED  
15 JUL 21 PM 2:07  
SECRETARY OF STATE  
TULHASSEE, TN 37307





# Acknowledgment by Individual

State of

Florida

County of

Hillsborough

On this 15<sup>th</sup> day of July, 20 15, before me, Byron Gonzalez

Name of Notary Public

the undersigned Notary Public, personally appeared

Michael Alexander Martinez

Name of Signer(s)

☐ Proved to me on the oath of \_\_\_\_\_

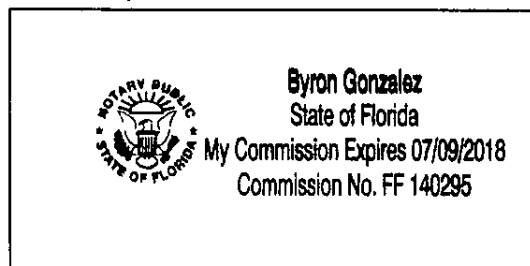
☐ Personally known to me

☒ Proved to me on the basis of satisfactory evidence FLDL M635-541-BB-455-0

(Description of ID)

to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged that he/she/they executed it.

WITNESS my hand and official seal.



Notary Seal

[Signature]

(Signature of Notary Public)

My commission expires 07/09/2018

Optional: A thumbprint is only needed if state statutes require a thumbprint.

Right Thumbprint of Signer

Top of thumb here

## Description of Attached Document

Type or Title of Document

Articles

Document Date

6/25/15

Number of Pages

1

Signer(s) Other Than Named Above

\_\_\_\_\_

FILED  
JUL 21 PM 2:05  
CLERK OF THE  
STATE  
TALLAHASSEE, FLORIDA



FO01-00000DSG5350-01