

L15000032144

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

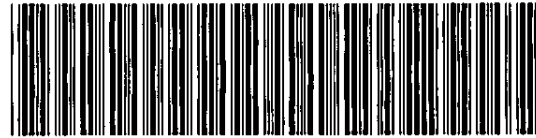
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

eff 10/13

Office Use Only



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10/12/15--01001--006 \*\*25.00

FILED  
2015 OCT 13 AM 9:13  
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DEPARTMENT OF STATE  
TALLAHASSEE FLORIDA  
15 OCT -9 PM 3:10

OCT 14 2015  
J. HARRIS

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:**

10/9 Amend

☐

**CERTIFIED COPY**

☒

**PHOTOCOPY**

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**CUS**

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**FILING**

Amend

1.

All American Standard Home Services, LLC  
(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:**

## 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:

Michael Martinez  
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:

ERIC Fowler at (813) 922 9820  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 12, 2015

CORPORATE ACCESS  
GLINDA

SUBJECT: ALL AMERICAN STANDARD HOME SERVICES, LLC  
Ref. Number: L15000032144

RECEIVED  
15 OCT 13 PM 3:19  
TO AFRICA FLE DUE  
SUFFICIENT OF FILING

We have received your document for ALL AMERICAN STANDARD HOME 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):

Document must be titled Articles of Amendment.

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.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 315A00021538

FILED  
2015 OCT 13 AM 9:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Corrected*

# 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 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)

4644 W. Gandy Blvd  
Suite #4  
TPA FL 33611

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4644 W. Gandy Blvd  
Suite #4  
TPA FL 33611

**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:

ERIK FOWLER

New Registered Office Address:

4644 W. Gandy Blvd Suite #4  
Enter Florida street address  
TPA, Florida 33611  
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.

Signature of New Registered Agent

FILED  
OCT 13 2015  
CLERK OF THE  
STATE  
TALLAHASSEE  
FLORIDA

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	Michael Martinez	11016 Golden Silence Dr. Riverview FL 33579	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
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20 OCT 3 AM 9:11  
STATE OF FLORIDA  
TALLAHASSEE

E. Effective date, if other than the date of filing: 13 October 2015 (optional)

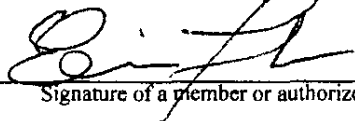
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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 13 October, 2015.



Signature of a member or authorized representative of a member

ERIC Fowler

Typed or printed name of signee

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2015 OCT 13 AM 9:13  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA