

L150000036590

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

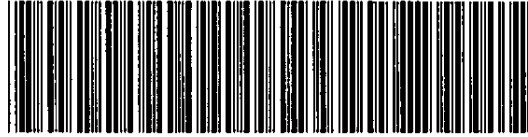
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FILED
15 MAR 13 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR - 3 2015

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: All Dock Maintenance and Repair, 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:

Kenneth T. Solly
Name of Person

All Dock Maintenance and Repair, LLC.
Firm/Company

3596 Cosmos St
Address

Palm Beach Gardens, FL 33410
City/State and Zip Code

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

For further information concerning this matter, please call:

Ken Solly at (561) 313-3834
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee
NS
- ☒ \$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

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

All Dock Maintenance and Repair, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
15 MAR 13 PM 12:30
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 2/27/2015 and assigned
Florida document number L15000036590

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A
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)
3596 Cosmos St.
Palm Beach Gardens, FL 33411

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: Kenneth Solly

New Registered Office Address: 3596 Cosmos St.
Enter Florida street address
Palm Beach Gardens, Florida 33411
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.

X Kenneth Solly
If Changing Registered Agent, Signature of New Registered Agent

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	Kenneth T Solly	3594 Cosmos St	<input checked="" type="checkbox"/> Add
		Palm Beach Gardens, Fla	<input type="checkbox"/> Remove
		33410	
	Mark Solly	402 49th St. WPD, Fla	<input type="checkbox"/> Add
		33407	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

E. Effective date, if other than the date of filing: _____ (optional)

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

Dated 3/9/2015, _____

X Ken Solly
Signature of a member or authorized representative of a member

Kenneth Solly
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00