

L15000048357**Florida Department of State****Division of Corporations
Electronic Filing Cover Sheet**

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(((H15000182593 3)))



H150001825933ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : RC TAX SERVICE LLC
Account Number : I20140000083
Phone : (407) 932-0040
Fax Number : (407) 520-5473

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

Email Address: rcTaxService05@yahoo.com

2015 JUL 29 AM 8:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

RECEIVED

15 JUL 29 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AE CERTIFIED ROOFING & CONSTRUCTION USA LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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Division of Corporations

Page 1 of 2

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H160001825933

COVER LETTER**TO: Registration Section
Division of Corporations****SUBJECT: AE CERTIFIED ROOFING & CONSTRUCTION USA 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:

JOHANNA PARDO

Name of Person

AE CERTIFIED ROOFING & CONSTRUCTION USA LLC

Firm/Company

3895 WOOD TRUSH DR

Address

KISSIMMEE, FL 34744

City/State and Zip Code

acroofing15@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHANNA PARDO

407

267-8975

At ()

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

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H/5000182393

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AE CERTIFIED ROOFING & CONSTRUCTION USA 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 03/17/2015 and assigned
Florida document number L15000048357

This amendment is submitted to amend the following:

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

A+ CERTIFIED RESTORATION SERVICES LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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

City

Florida

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

n 1000018207133

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

Title	Name	Address	Type of Action
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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2015 JUL 29 AM 9:24
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 ARMY
 MILITARY SERVICE FLD 107

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

F 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 filed 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 7-28-2015,

Signature of a member or authorized representative of a member

Johanna Parolo
Typed or printed name of signer

Typed or printed name of signee