

L15000088659

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

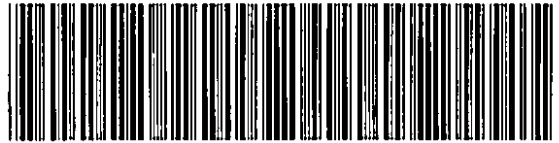
(Business Entity Name)

(Document Number)

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04/13/21--01017--003 **541.25

FILED
DIVISION OF CORPORATIONS
2021 APR 15 11:12:07

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: All Around Installs 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:

Marcos R. Lopez
Name of Person

Firm/Company

1821 SW 99 Terr
Address

Miramar, FL 33025
City/State and Zip Code

MarcosLopez2929@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marcos R. Lopez at (786) 487-5011
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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

800363046348
04/13/21-01017-003
\$541.25

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

All Around Install 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 5/19/2015 and assigned
Florida document number L15000088659

This amendment is submitted to amend the following:

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

All Around Install ML "LLC"
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

MGR = Manager
AMBR = Authorized Member


AMBR = Authorized Member

[illegible]

[illegible]

(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)

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


Signature of a member or authorized representative of a member

Marcos R. Lopez
Typed or printed name of signee

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L15000088659

1. Limited Liability Company's Name

ALL Around Install LLC

APR 13 2015

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CRZEDAI (1/4)

2. Principal Office Address - No P.O. Box #
1521 SW 99 Terr
Suite, Apt. #, etc.

3. Mailing Office Address
1821 SW 99 Terr
Suite, Apt. #, etc.

City & State
Miramar, FL
Zip
33025
Country
USA

City & State
Miramar, FL
Zip
33025
Country
USA

4. State/Country of Formation
FL / USA

5. Date Organized or Qualified
To Do Business in Florida
5/19/2015

6. FEI Number
45-4604949
Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a certificate of status

8. Name and Address of Current Registered Agent

Name
MARCO R. LOPEZ
Street Address (P.O. Box Number is Not Acceptable) Suite
1521 SW 99 Terr
Apt. #, etc.

City
Miramar
State
FL
Zip Code
33025

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 4/2/2021

10. Names and Street Addresses of Authorized Representatives/Managers

Title	Name of Authorized Representative/ Manager	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MR	MARCO LOPEZ	1821 SW 99 Terr	Miramar FL 33025

11. E-mail Address marco.lopez@allaroundinstall.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been withdrawn, the limited liability company name satisfies the requirement of section 605.0012, F.S. and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.50, F.S.

Signature of authorized representative/member

Date

Daytime Phone #

786-457-8811

Typed or printed name of signing authorized representative/member