L15000091880

(Re	questor's Name)	_
(Ad	dress)	<u> </u>
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(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Statue
Certified Copies	Certificates	S OI Status
Special Instructions to	Filing Officer:	
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APR 0 7 2017 S. YOUNG TALLAHASSEE, FLORIDA

COVER LETTER

TO:		tration Section of Corp			
SUBJE		LL IN ONE	E PERMITTING, LLC		
SOBJE	CI		Name of Lim	ited Liability Company	
The enc	losed A	Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please r	eturn a	ll correspond	dence concerning this matter	to the following:	
			ISMAEL SORIANO		
				Name of Person	
			ALL IN ONE PERMITTIN	NG, LLC	
				Firm/Company	 پنه به ميد.
			10511 SW 8	85T. SUITE C20:	3 PR-6 PH 2: 47
			Miami, F	L · 33176 City/State and Zip Code	PR-6 PH 2:4
			yuri@allinonepermitting.co	•	ation)
For furt	her info	ormation cor	ncerning this matter, please ca	·	
ISMAE	L SOR	lano		at (305) 525-7	3571
		Name of I	Person		elephone Number
Enclose	d is a c	heck for the	following amount:		
\$25	.00 Fil	ing 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)
			NG ADDRESS:	STREET/COURIER Registration Section	R ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALL IN C	ONE PERMITTING, LLC	
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our records la Limited Liability Company)	.)
The Articles of Organization for this Limited Liability	Company were filed on05/26/2015	and assigned
Florida document number L15000091880		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited 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 ADD	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		APR-6 PH 2: 4
B. If amending the registered agent and/or regi registered agent and/or the new registered office add		, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	l e e e e e e e e e e e e e e e e e e e
		orida
	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>	Type of Action
AMBR	YUREILYS BARRIOS	1081 SW 142 CT	■ Add
		MIAMI, FL 33184	☐ Remove
			☐ Change
			Add
			□ Remove
			Change
			Add
			□ Remover T
			PRO Change
			Change SSEC
			□ Remove
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an effectiv lote: If th	date, if other than the date is listed, the date in this late in this late on the date on the	ust be specific and c block does not me	cannot be prior to ect the applicab			ing.) Pursuant to 605.0	
The 90	d specifies a delaye th day after the re	cord is filed.	ate, but not a	an effective tir	ne, at 12:01 a.n	n. on the earlie	r of:
ated	3/31/17	· //·		.•			
		1 //	,				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00