L15000120338

(Req	uestor's Name)	
(Add	lress)	
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(City	/State/Zip/Phone #)
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(Doc	cument Number)	
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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations		
AP FIORE	TTI LLC.		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Name of Person	
	BLANCO FIORETTI GR	OUP INC	
		Firm/Company	.
	11180 W FLAGLER ST S	UITE 16	
		Address	
	MIAMI .FL 33174		
		City/State and Zip Code	
	SERVICES@GREKOTAX	FS.COM	
	E-mail address: (to be used for future annual report no	ntification)
For further information c	oncerning this matter, please co	all;	
FRANCESCO FIORET	ті	786 857-87-58	
Name o	f Person		ime Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	
Registration Section Division of Corporations		Registration S	
P.O. Box 632	•	Division of C The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AP FIORETTI LLC		
(<u>Name of the Lim</u>	ited Liability Company as it now appears on our (A Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited I	Liability Company were filed on 07/17/2015	and assigned
Florida document number L15000120338		
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company here:	
ALL P SERVICES 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 appli	cable:	
(Principal office address MUST BE A STRE		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u> </u>	
B. If amending the registered agent and/or		enter the name of the new register
agent and/or the new registered office addr	ess nere:	
Name of New Registered Agent:	GREKOTAN FINANCIAL SERVICES L	LC B
Name of New Neglistered Agent.		25,
New Registered Office Address:	11180 W FLAGLER ST SUITE 16	: '
	Enter Florida street	address
	MIAMI	, Florida 33174 -0
	City	Florida 33174 = 5 Zip Code
New Registered Agent's Signature, if changing	Registered Agent:	. 2

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>	Address	Type of Action
MGR	BLANCO FIORETTI GROUP INC		_ 🗆 Add
		11180 W FLAGLER ST SUITE 16 MIAMI ,FL 3317	4 _ ■Remove
			_ □Change
MGR FRANCESCO FIORETTI	FRANCESCO FIORETTI	8195 NW 104TH AVE APT 33 DORAL , FL 33178	_ ≡ Add
			_ □Remove
			_ Change
			_ □Add
			_ □Remove
			_ 🗆 Change
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(If an ef	ive date, if other than the date of filing:(optional) ective 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
	nent's effective date on the Department of State's records.
the recor	d 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 led.
Dated	03/31/2021
	Signature of a member or authorized representative of a member
	FRANCESCO FIORETTI
	Typed or printed name of signee

Filing Fee: \$25.00