45000147728

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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2024 OCT -2 PH 12: 17

Office Use Only



July 12, 2024

ELVIRO CLEANDRO PEREIRA ALL AMERICAN APPLIANCE SERVICES LLC 3311 SW 4TH STREET DEERFIELD BEACH, FL 33442

SUBJECT: ALL AMERICAN APPLIANCE SERVICES LLC

Ref. Number: L15000147728

We have received your document for ALL AMERICAN APPLIANCE SERVICES LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L16000040989.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Letter Number: 324A00015056

RUSSELL L HUNT Regulatory Specialist III

Recorded and

www.sunbiz.org

COVER LETTER

TO:

Registration Section

Division of Cor	porations			
	RICAN APPLIANCE SERVIO	CES 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:		
	ELVIRO CLEANDRO PE	EREIRA		
	Name of Person			
	ALL AMERICAN APPLI	ANCE SERVICES LLC		
		Firm/Company		
	3311 SW 4th Street			
Address				
	Deerfield Beach, FL 3344.	2		
		City/State and Zip Code		
	ALLAMERICANSER@GI			
	E-mail address: (to be used for future annual report noti-	fication)	
For further information c	oncerning this matter, please c	all:		
ELVIRO PEREIRA		954 6551849 at ()		
Name o	f Person	Area Code Daytime	e Telephone Number	
Enclosed is a check for the	ne 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 S Division of C P.O. Box 632 Tallahassee, I	Section forporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassee e Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALL AMERICAN APPLIANCE SERVICES LLC.

2024 OCT -2 PM 12: 17

(Name of the Limited I. (A F	Jability Company as it now appears Florida Limited Liability Company)	on our records.) [ALLAH	ASSÉE.FLÓRIDA
The Articles of Organization for this Limited Liabil	lity Company were filed on $\frac{08/2}{}$	28/2015	and assigned
Florida document number L15000147728	,		
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company her	<u>·e</u> :	
A/C FOR ALL LLC			
The new name must be distinguishable and contain the words	s "Limited Liability Company," the des	signation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	IDDRESS)		

Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BO	<u>X)</u>		
B. If amending the registered agent and/or regis agent and/or the new registered office address he		cords, <u>enter th</u>	e name of the new registere
Name of New Registered Agent:		·••·	
New Registered Office Address:			
New Registered Office Address.	Enter Floria	da street address	
		. Flori	da
	City		Zip Code
New Registered Agent's Signature, if changing Regi	stered Agent:		
I hereby accept the appointment as registered ago provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the regi company has been notified in writing of this cha	ind complete performance of n red agent as provided for in Cl istered office address, I hereby	ny duties, and hapter 605, F.:	l am familiar with and S. Or, if this document is

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>	Name	Address	Type of Action
			□Add
			Петоче
			Change
			□Remove
			□Change
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fan effective date is listed, the date must be Note: If the date inserted in this block	se specific and c	annot be prior to					
locument's effective date on the Dep			,				
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record specifies a delayed effective d is filed.	date, but not a	n effective tim	ie, at 12:01 a.m	i, on the earlier	oi: (b) The	90th day an	er the
09/23 Dated		2024					
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