

L15000164718

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

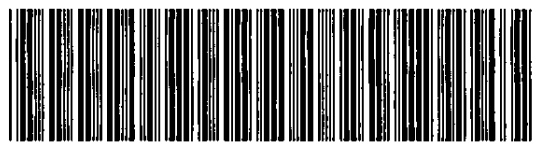
(Business Entity Name)

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15 OCT 26 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 27 2015
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 319 E VOORHIS AVE 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:

GIOVANNI VARSI
Name of Person
319 E VOORHIS AVE LLC
Firm/Company
954 DUTCHMANS BEND ROAD
Address
DEBARY FL 32713
City/State and Zip Code
gio@accroofing.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GIOVANNI VARSI at (**407**) **402-0404**
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

319 E VOORHIS AVE 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 09/28/2015 and assigned
Florida document number L15000164718

This amendment is submitted to amend the following:

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

634 S SPRING GARDEN AVE 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:

634 S SPRING GARDEN AVE

(Principal office address MUST BE A STREET ADDRESS)

DELAND FL 32724

Enter new mailing address, if applicable:

114 1st street

(Mailing address MAY BE A POST OFFICE BOX)

DEBARY FL 32713

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:

* Antonietta Wetzstein

New Registered Office Address:

* 634 S Spring Garden Ave

Enter Florida street address

DeLand

City

Florida

32724

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.

Antonietta Wetzstein

If Changing Registered Agent, Signature of New Registered Agent

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15 OCT 26 AM 9:55
DEPARTMENT OF STATE
TALLAHASSEE FLORIDA

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>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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 TALLAHASSEE, FLORIDA

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

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: 10/14/2015 (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 603.027(3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed on 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 OCTOBER 14, 2015

(*) Antonietta Wetzstein
Signature of a member/authorized representative of a member

Antonietta Wetzstein
Typed or printed name of signer

FILED
15 OCT 26 AM 9:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L15000164718
FILED 8:00 AM
September 28, 2015
Sec. Of State
wapainter

Article I

The name of the Limited Liability Company is:

319 E VOORHIS AVE LLC

Article II

The street address of the principal office of the Limited Liability Company is:

319 E VOORHIS AVE
DE LAND, FL. 32724

The mailing address of the Limited Liability Company is:

319 E VOORHIS AVE
DE LAND, FL. 32724

Article III

The name and Florida street address of the registered agent is:

GIOVANNI VARSI
954 DUTCHMANS BEND ROAD
DEBARY, FL. 32713

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: GIOVANNI VARSI

Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR
GIOVANNI VARSI
954 DUTCHMANS BEND ROAD
DEBARY, FL. 32713

Title: MGR
ANTONIETTA WETZSTEIN
114 W 1ST STREET
DEBARY, FL. 32713

L15000164718
FILED 8:00 AM
September 28, 2015
Sec. Of State
wapainter

Article V

The effective date for this Limited Liability Company shall be:

09/28/2015

Signature of member or an authorized representative

Electronic Signature: GIOVANNI VARSI

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. 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.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.