

L15000168849

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

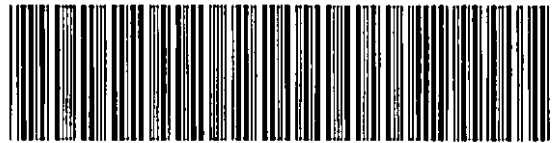
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10/13/20--01022--007 **25.00

20 DEC 14 AM 11:30
CLERK OF STATE
RECORDS DIVISION

Name Change

DEC 16 2020

D CUSHING

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AGF Drywall
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:

Aida Falla

Name of Person

AGF Drywall

Firm/Company

12345 Yellow Rose Cir

Address

Riverview, FL 33569

City/State and Zip Code

misspfalla@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aida Falla

813

703-5662

at ()

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 Address:

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

20 DEC 11 AM 11:30



2020 NOV 20 PM 2:00

FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 20, 2020

AIDA FALLA
AGF DRYWALL
12345 YELLOW ROSE CIR
RIVERVIEW, FL 33569

SUBJECT: AGF DRYWALL, LLC
Ref. Number: L15000168849

We have received your document for AGF DRYWALL, LLC and your check(s) totaling \$25.00. 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 administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is L16000196828 (ROYAL HANDYMAN SERVICES LLC).

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) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 120A00023490

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

AGF DRYWALL, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

20 DEC 14
4:11 PM
FILED
TALLAHASSEE
FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10/05/2015 and assigned
Florida document number L15000168849

This amendment is submitted to amend the following:

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

First Class Home Repairs Guys, 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)

12345 Yellow Rose Cir
Riverview, FL 33569

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

City

Florida

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

<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
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		_____	<input type="checkbox"/> Remove
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(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)

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 12/11/2020.

Andak Faller
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Aida R Falla
Typed or printed name of signee

Typed or printed name of signee