

9/26/2016

U600038395

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000239181 3)))



H160002391813ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ACCOUNT BOOKKEEPING CORP
Account Number : I20120000055
Phone : (407)898-1757
Fax Number : (407)897-5336

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

16 SEP 27 AM 10:00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 SEP 27 AM 8:26

FILED
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AGILITY HOME SERVICES LLC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$25.00 |

SEP 28 2016

S. YOUNG

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AGILITY HOME SERVICES 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:

CARLA COLLIER

Name of Person

ACCOUNT BOOKKEEPING CORP.

Firm/Company

3300 S. HIAWASSEE RD, STE 106

Address

ORLANDO, FL, 32835

City/State and Zip Code

SUPPORT@ABKCORP.COM

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

For further information concerning this matter, please call:

CARLA COLLIER

407

898-1757

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/COURIER ADDRESS:

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

16 SEP 27 AM 10:00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K160002391813

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

AGILITY HOME SERVICES LLC

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

The Articles of Organization for this Limited Liability Company were filed on 02/24/2016 and assigned
Florida document number L16000038395

This amendment is submitted to amend the following:

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

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)

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: FERNANDO MAUES DE FARIA JUNIOR

New Registered Office Address: 13148 HEATHER MOSS DR APT 308

Enter Florida street address

ORLANDO Florida 32837
City State 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 affirm that the limited liability company has been notified in writing of this change.

(Signature)
If Changing Registered Agent, Signature of New Registered Agent

K160002391813

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
18 SEP 27 AM 10:00

K16000239181's

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> |
|--------------|-----------------------------|-------------------------------|--|
| MGR | M SANTOS, ROSANA | 10885 NW 50TH STREET APT 20 | <input type="checkbox"/> Add |
| | | MIAMI, FL 33178 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | CARLOS C SANTOS, FRANCISC | 13148 HEATHER MOSS DR APT | <input type="checkbox"/> Add |
| | | ORLANDO, FL 32837 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | MAUES DE FARIA JR, FERNANDO | 13148 HEATHER MOSS DR APT 308 | <input checked="" type="checkbox"/> Add |
| | | ORLANDO, FL 32837 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MBR | FAGUNDES FARIA, VALERIA | 13148 HEATHER MOSS DR APT 308 | <input checked="" type="checkbox"/> Add |
| | | ORLANDO, FL 32837 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

16 SEP 27 AM 10:00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K160002391813

KL 16000 25 91813

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

FILED STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
16 SEP 27 AM 10:00

E. Effective date, if other than the date of filing: _____ (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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 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) SEPTEMBER 27 2016

Signature is a member or authorized representative of a member

FERNANDO MALES DE FARIA JR

Typed or printed name of signer

K 16000239/813